

BHARAT EAST REPORT

AN OVERVIEW OF EASTERN STATES



CONTENTS

	Page
I. Executive Summary	1
II. View of Eastern India	3
II.a. Introducing Sattva Bharat Initiative	4
II.b. Understanding Eastern India	5
II.c. Corporate Contributions in Eastern India	7
II.d. Understanding District Mineral Funds Allocations in Eastern India	8
III. In Depth Data Analysis	9
III.a. NFHS V: Zonal Analysis	10
III.b. State Level Comparative Analysis: NFHS-IV & NFHS-V	18
III.c. Key Themes in Mission Antyodaya	30
III.d. Comparative Analysis of Urban versus Rural Areas	42
III.e. Comparative Analysis of Aspirational and other Districts	47
III.f. Next Steps	56
IV. Annexure	57
IV.a. Methodology	58
IV.b. Sources And Contributors	63
IV.c. About Sattva	64



I.

EXECUTIVE SUMMARY

The Bharat East report explores the performance of the eastern states (Bihar, Jharkhand, Odisha and West Bengal), across various indicators and themes, using data points from the NFHS-IV, NFHS-V and Mission Antyodaya resources. Accounting for 22% of the country's population, the **East region alone accounts for 47 of the 117 Aspirational Districts (ADs) identified by NITI Aayog. The region cumulatively accounts for over 40% of all ADs in India:** Jharkhand (19), Bihar (13), Odisha (10), and West Bengal (5). This, combined with the relatively low ranking of the states across development indicators, presents many potential areas for the three I's: Investment, Intervention and Implementation.

Overall, certain trends emerge in this zone, with certain states being consistent laggards, across funding, performance in development indicators and even in intra-state performance between ADs and other districts. The states of the East zone jointly **received 6% of India's total CSR funds between 2014 and 2021.** Odisha, single-handedly accounts for 3% of the country's CSR spending, almost half of the entire CSR funding received by the East zone. It is followed by West Bengal, and far behind are Jharkhand and Bihar. **Education emerges as the top sector for CSR spending in the region.** Not only does **Odisha emerge as the top recipient of CSR funds,** it also receives 75% of the East zone's (and 32% of India's) share of the District Mineral Fund (DMF). West Bengal and Bihar both receive significantly lower DMF allocations and are among the bottom five recipients of DMF allocations in the country.

The eastern zone is performing almost on par with the national averages across certain NFHS-V indicators but still leaves many major areas for improvement. **Odisha and West Bengal are outperforming the National and East averages across Child and Maternal & Reproductive health indicators. The performance of Bihar and Jharkhand is lagging behind the National and East zone averages across almost all healthcare themes.** Overall East zone scores are higher with respect to the consumption of injurious substances, resulting in an increased risk of health emergencies. The Mission Antyodaya data captures cross-thematic performance of districts and states across 26 selected developmental indicators. Across the East zone, **West Bengal is the only state delivering better results than the national cumulative score across the 26 developmental indicators leaving Bihar, Jharkhand and Odisha far behind the national score.** When comparing the growth from NFHS-IV to NFHS-V, the eastern states record only marginal growth from NFHS-IV to NFHS-V. Jharkhand, Odisha and West Bengal all record relatively similar trends across indicators, in this regard only Bihar's often downward trend from NFHS-IV to NFHS-V is alarming and indicates a decline.

All states have a deep urban-rural divide, with urban areas performing significantly better than rural areas. In Bihar and Jharkhand, this difference is starker than in other states. Odisha is seen to excel across certain specific indicators and themes such as maternity care. West Bengal displays selectively good performance, across certain themes and indicators such as maternity and delivery care. **The difference in AD, and other districts' performance is also stark in eastern states.** The East performs relatively well, on par with the national average, across certain indicators where the AD and other districts' difference in performance is minor. All the eastern states **require intervention in the areas of Gender-Based Violence, Women Empowerment, Prevalence of Anaemia, Screening for Cancer,** etc, to name a few.

This report provides a comprehensive analysis of the Eastern states through the analysis of publicly available secondary data. This information may be utilised in a myriad of ways, as a knowledge base to validate hypotheses, especially from the Aspirational District ecosystem perspective.

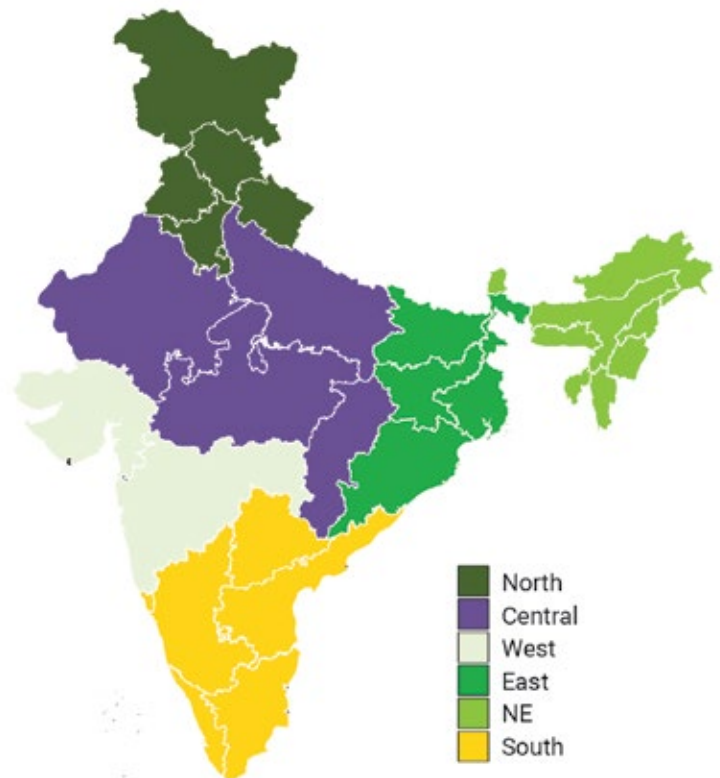


II.

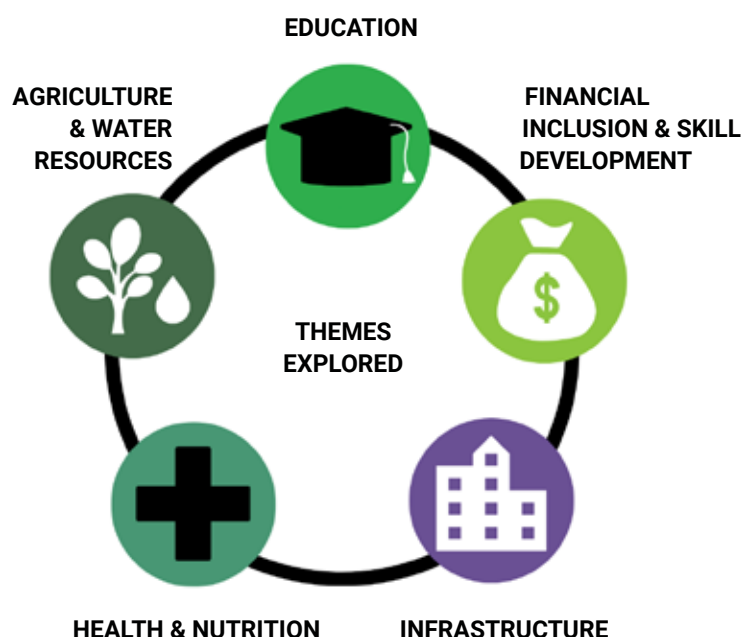
VIEW OF EASTERN INDIA

II.a. Introducing Sattva Bharat Initiative

The Bharat initiative at Sattva emerged from the overwhelming need to focus on the backward districts in India. Many basic requirements for human development, such as access to clean water, healthcare facilities etc are severely lacking in many districts in the country. States such as Bihar, with relatively much lower SDG scores as compared to the national average, receive lower attention than many other better performing states. States with low GDP and high population still continue to receive low CSR funding, which is biased toward commercial hubs, with states like Maharashtra receiving eleven times the funding of all Seven Sister States of the North East combined. Funding continues to go to the top states, with already high GDP and SDG scores. The spend across districts is disproportionate, with only ~1.45% of total CSR spend mapped to Aspirational Districts. The spending across sectors is also disproportionate, with most funding going toward Education.



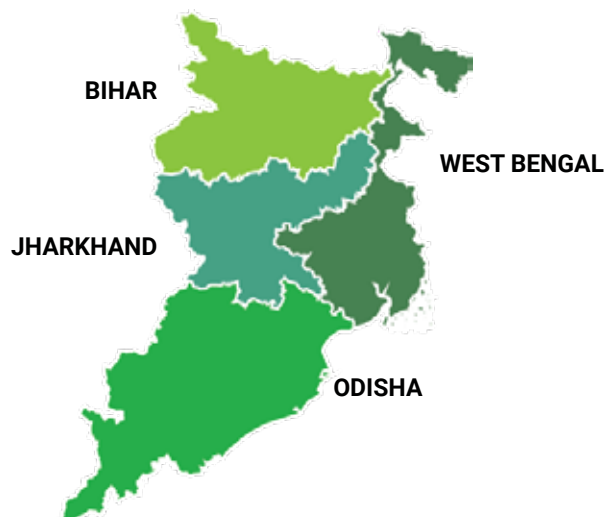
Hence the idea emerged to take a geography-specific, regional approach to impact in order to build block-district-state level expertise in working in difficult-to-approach terrains and territories in India, through the Bharat initiative. As the Aspirational Districts Programme introduced in 2018 by the NITI Aayog provides a helpful, predetermined framework and comprehensive list of low-performing districts to function as a point of launch, the Bharat initiative kicks off in the aspirational districts of the country, in a zonal and phased manner. The initiative will eventually branch out to work in most backward areas across regions (North, South, East, West, North East) as well as demanding terrains and areas (hilly, coastal, tribal, Left Wing Extremism (LWE) etc) of the country.



II.b. Understanding Eastern India

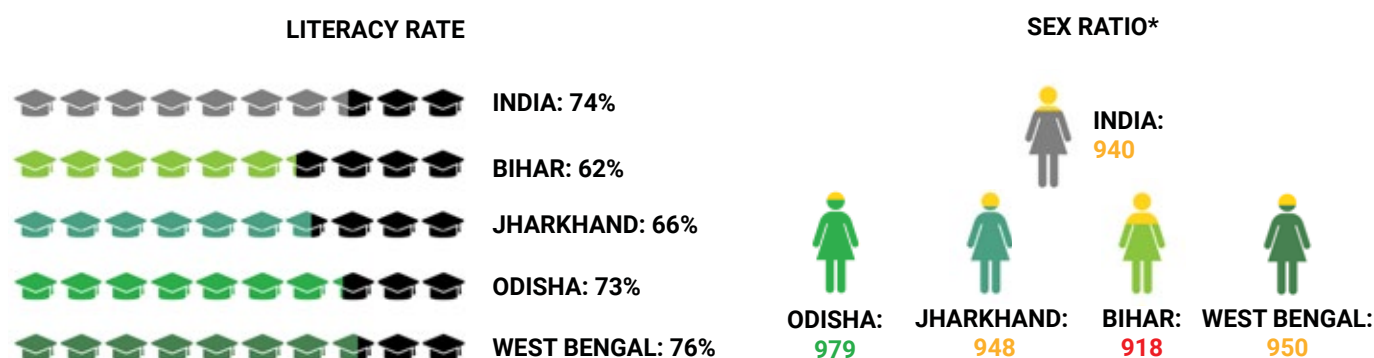
The eastern states collectively account for 22% of the country’s population. The four states combined occupy 12% of the country’s area and account for 22% of the country’s households as well.

The main criterion for the selection of the eastern region for the launch of district-level Aspirational District Forums (ADF), is the concentration of aspirational districts in the eastern block. The East is the largest zone for ADs, cumulatively accounting for over 40% of all ADs in India: Jharkhand (19), Bihar (13), Odisha (10), and West Bengal (5). The selected eastern states rank relatively lower across human development indicators as compared to other states in the country.



West Bengal records the highest literacy rate of the eastern states, ranking higher than the national average, while Bihar records the lowest literacy rate across states. Odisha records extraordinarily high enrolment in schools for students aged 6-13, followed by Jharkhand, West Bengal, and Bihar.

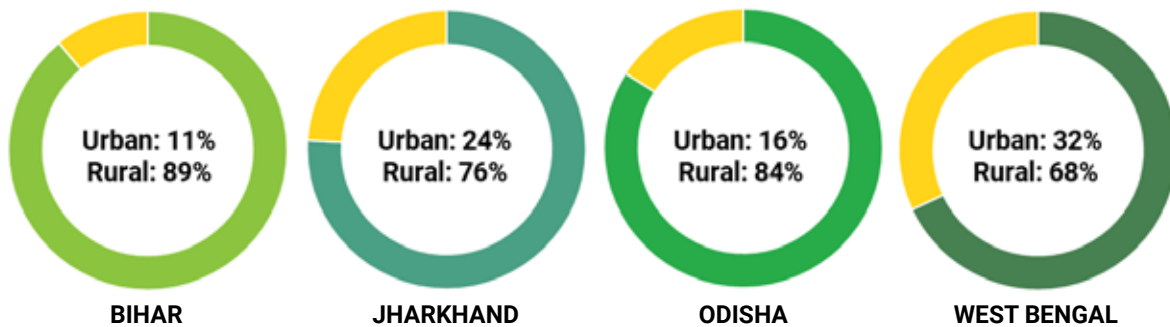
In terms of sex ratio, a similar trend emerges, with Bihar being a laggard, and Odisha topping the national average. Bihar reports a drastic difference between the male and female populations.



The East zone alone accounts for 25% of the country’s rural population. The urban-rural divide across the eastern states is stark, with a bulk of the population falling under the rural domain; the difference is most pronounced in Bihar and Odisha with a vast urban-rural divide.

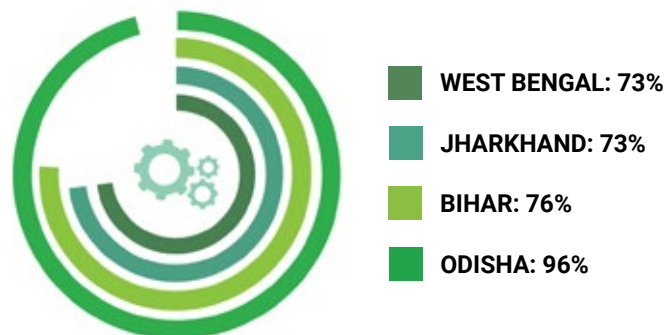
* Based on Census 2011 data

TOTAL NUMBER OF HOUSEHOLDS ACROSS EAST ZONE

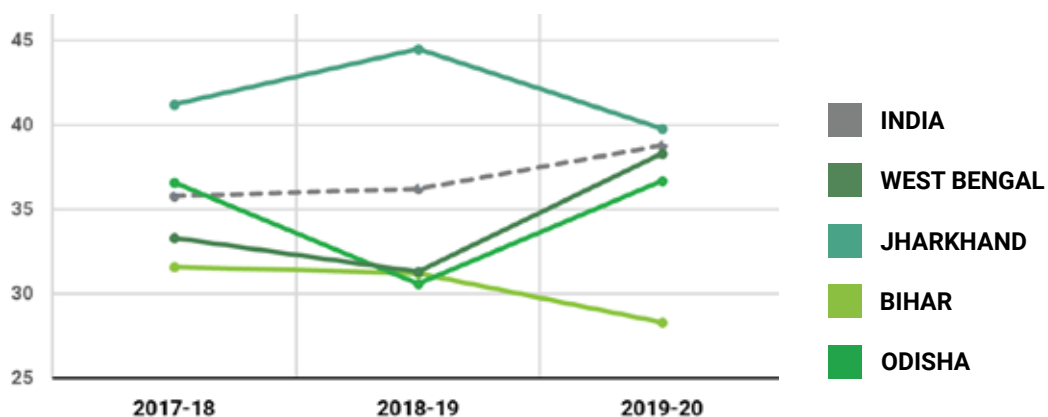


All states record low female workforce participation, with Bihar ranking the lowest; men make up the majority of the workforce across urban and rural backgrounds in all eastern states. The rural workforce participation is also uniformly higher than urban workforce participation across all eastern states. Jharkhand records the highest worker-population ratio (WPR) among the eastern states, higher than the Indian average as well. Barring Bihar, the states, as well as the national average, have experienced an upward trend from 2018-19 to 2019-20. Out of the total working population, age 15 years and above, the female working population is only 35% as against 64% working males in Jharkhand and West Bengal. In Bihar, the female working population is only 27% against 73% of working males; and the female working population is only 14% against 85% of working males in Odisha.

TOTAL WORKING POPULATION IN EAST ZONE



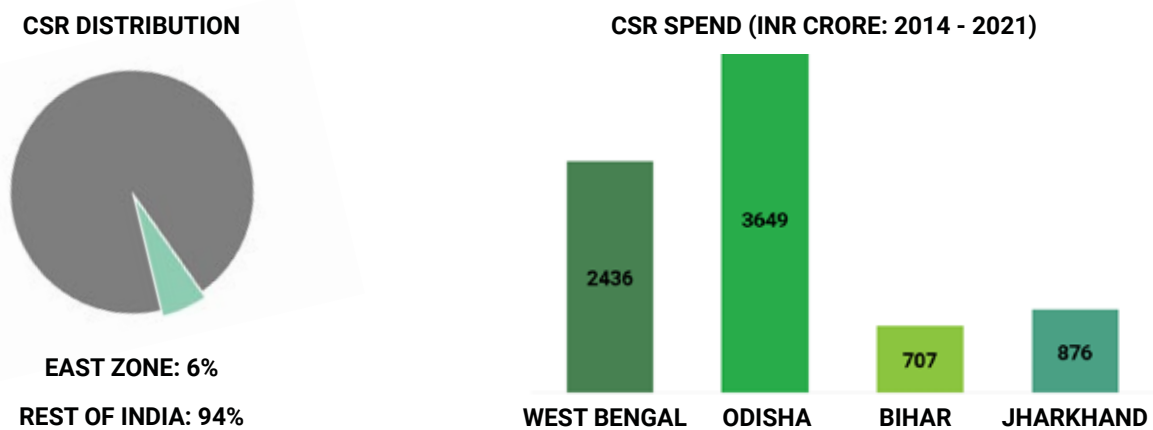
COMPARISON OF WPR* FOR AGE 15 YEARS AND ABOVE: HIGHER SECONDARY AND ABOVE (TOTAL: URBAN + RURAL)



* WPR: Worker Population Ratio

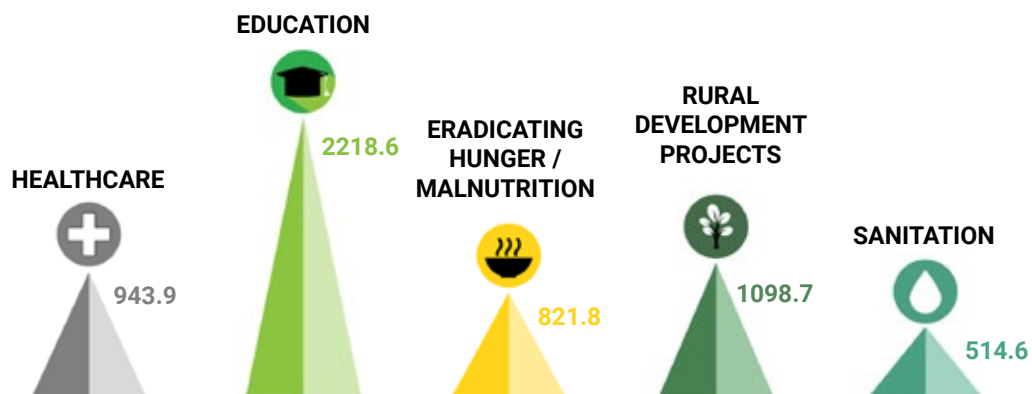
II.c. Corporate Contributions in Eastern India

The states of the East zone have jointly accumulated Rs. 7668 crore in CSR funds, which is 6% of India's total CSR funds between 2014 and 2021¹. The state receiving the highest amount of CSR funds in the East is easily Odisha, single-handedly accounting for 2.98% of the country's CSR spending. It is followed by West Bengal. Far behind are the laggard states in terms of CSR funding, Jharkhand and Bihar. Here it is evident that even though Bihar and Jharkhand rank low on SDG scores (50 and 53 respectively, as compared to the national average of 60), they are receiving disproportionately low CSR funds in comparison to their needs.



The top sector for CSR spending in the East region emerges as Education, with a collective amount of Rs. 2,349 crores, approximately 30% of the CSR spend in the East. Even though it is the largest sector for CSR spending in the East, it accounts for only 6.6% of the country's overall CSR spending on Education.

It is to be noted that in every state, the district that is the top recipient of CSR funds is not an aspirational district, but consistently a major/metro city in the state. In Bihar, Patna emerges as the top recipient, as do Ranchi in Jharkhand, Khordha in Odisha and Kolkata in West Bengal. This further highlights the disproportionate CSR fund disbursement in states. Within aspirational districts itself, Nadia in West Bengal, Koraput in Odisha, Ranchi in Jharkhand, Kalahandi in Odisha and Sitamarhi in Bihar, receive the highest funding in the East zone.



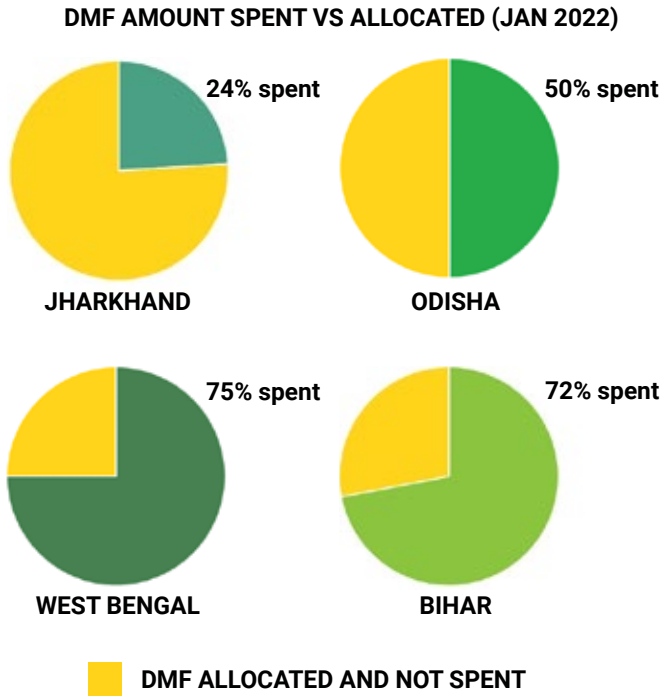
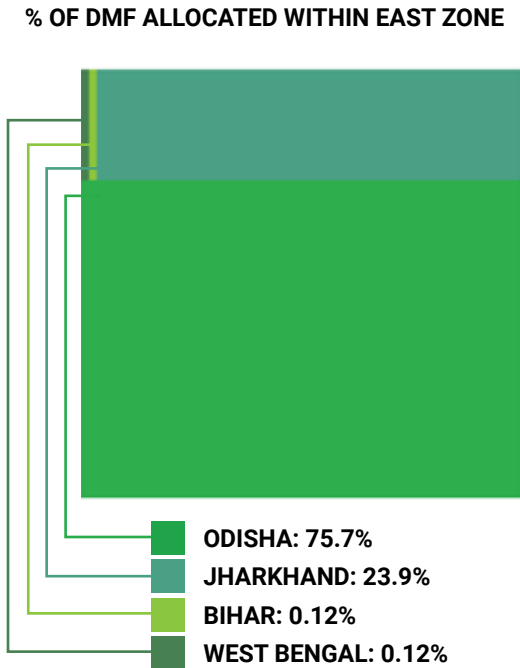
¹ Here it is important to note that in the recording of CSR spending, the top recipient geography across the country is not one particular state, but recorded as 'pan-India'. This means that a significant portion of CSR funds, Rs. 47,334 crore or 38% of the country's total CSR spend, is disbursed across states and geographies across the country.

II.d. Understanding District Mineral Fund Allocations in Eastern India

The District Mineral Fund (DMF) is a monetary fund that comes through contributions from the mining companies operating in districts. These mining companies are required to allocate at least 10-30% of the royalty amount that is paid to the government to be given to the DMF Trust of the district they are operating in. This fund is directed toward districts that are affected by mining-related activities to ensure that local communities can derive benefit from the natural resources extracted in their districts.

The implementation of the funds and the trust that executes them are governed by the Ministry of Mines. Under Pradhan Mantri Khanij Kshetra Yojana (PMKKKY), 60% of the fund collected is allocated to high priority sectors such as drinking water supply, environment preservation, pollution control, health care, education, women and child welfare, the welfare of aged and disabled people, skill development and sanitation; the remaining 40% of the funds are allocated to other priority sectors.

It is clear that Odisha receives the highest amount of DMF by a large margin. It accounts for 75% of the East zone's DMF shares and 32% of India's. West Bengal and Bihar both receive significantly lower DMF allocations and are two of the bottom five recipients of DMF allocations in the country. Bihar records over Rs 20 crores of unutilised DMF. It can also be observed that Odisha has utilised just a little over half of the DMF allocation to the state.



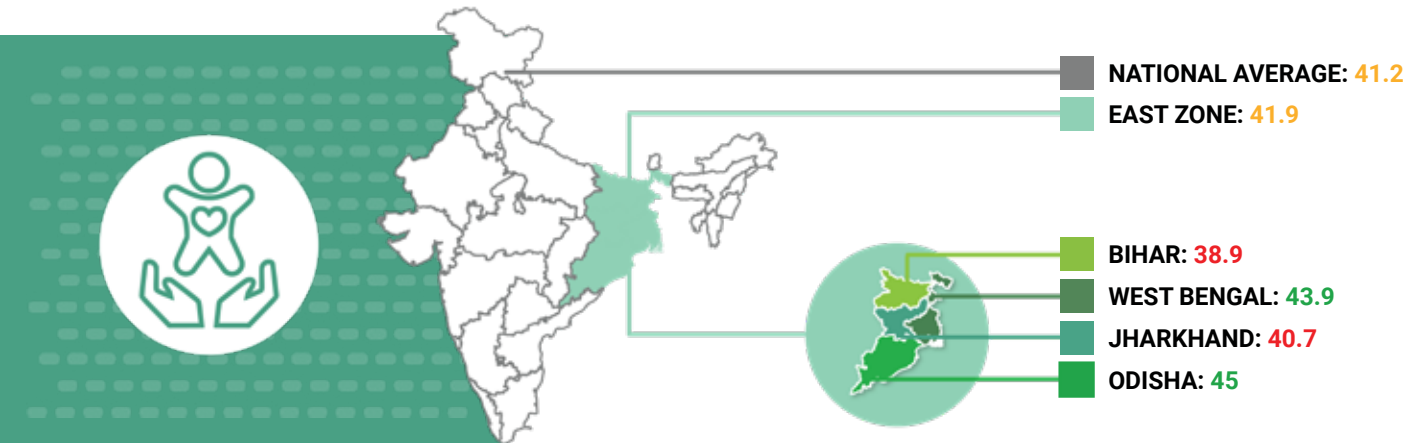


III.

IN DEPTH ANALYSIS

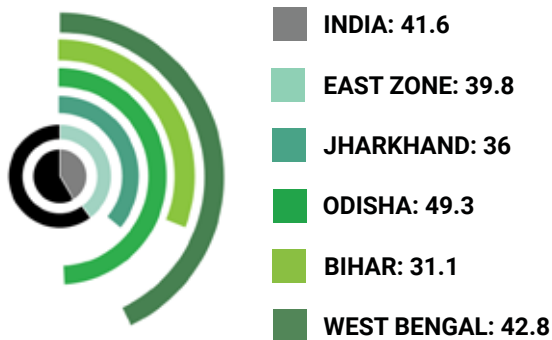
III.a. NFHS V: Zonal Analysis

CHILD HEALTH

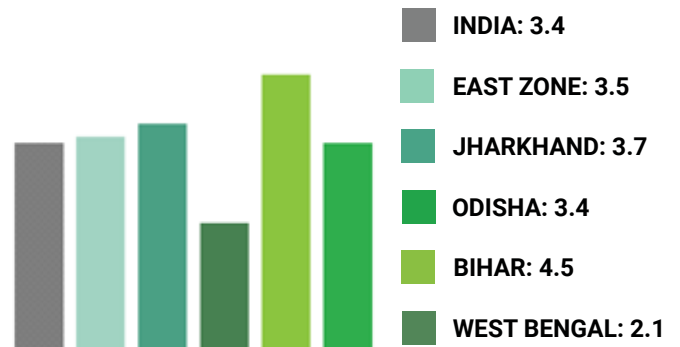


The eastern zone (41.9) is performing at par with the national average (41.2) for the Child Health thematic area. Odisha (45.0) and West Bengal (43.9) are delivering promising results whereas Bihar (38.9) falls short of reaching the level of the highest delivering states in the zone.

MATERNITY CARE

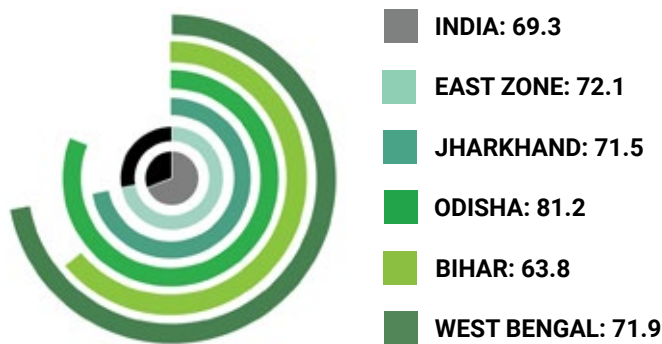


INFANT AND CHILD MORTALITY

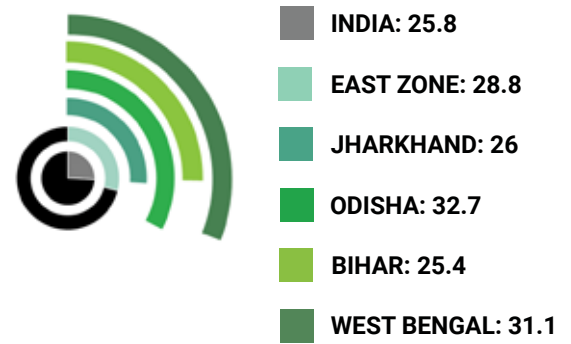


- Maternity care, which comprises the postnatal maternal care aspects such as children taken to a healthcare facility after home births and the child's postnatal care, has an upward trend for the eastern zone, with states such as Odisha (49.3) and West Bengal (42.8) ranking considerably higher than the laggard state, Bihar (31.1).
- The infant and child mortality rates in the eastern zone are slightly higher (3.5) as compared to the national average (3.4). Bihar shows a significantly higher rate (4.5) and West Bengal has the lowest rate at 2.1.
- Bihar is the only state for which the child mortality index has increased since NFHS-IV, therefore suggesting intervention across child health infrastructure.

CHILD VACCINATIONS & VITAMIN A SUPPLEMENTATION

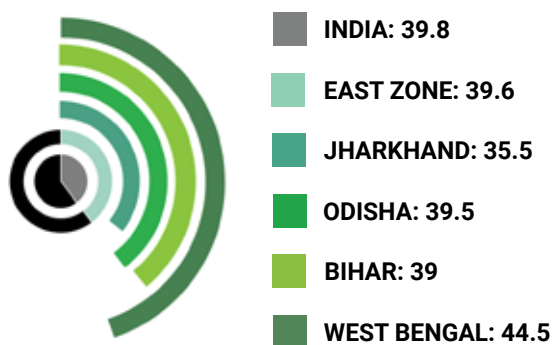


CHILD FEEDING PRACTICES & NUTRITIONAL STATUS OF CHILDREN



- Children in the eastern zone have vaccination and supplementation coverage of 72, higher than the national average of 69.3.
- Bihar continuously lags in providing quality child healthcare whereas Odisha has achieved a score of 81.2.
- The vaccination data covers children (12-23 months) having access to the following shots: BCG, doses of Penta or DPT vaccine, polio, the first dose of measles-containing vaccine (MCV), rotavirus vaccine, and hepatitis-B vaccine in private or public health facilities.
- Child feeding and nutritional status of children in the eastern zone (28.8) presents an intervention opportunity as it stands at a lower end, although better than the national average score (25.8).
- Odisha is performing better (32.7) across the eastern zone, while Bihar (25.4) pulls the average down, given a decreasing trend in access to child nutrition.

TREATMENT OF CHILDHOOD DISEASES

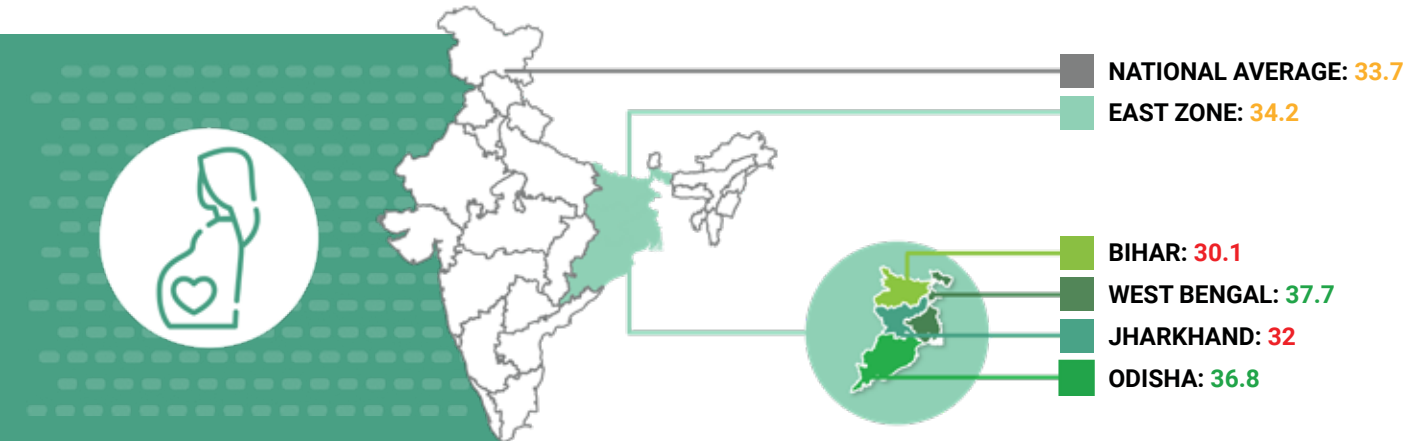


ANAEMIA AMONG CHILDREN & ADULTS



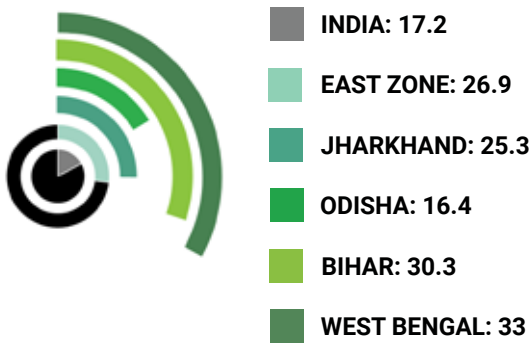
- Diarrhoea and symptoms of acute respiratory infection (ARI) are most prevalent in West Bengal (42.5). Anaemia seems to be a major disease amongst children in the eastern zone (67.5). Children, 6-59 months old have been diagnosed with constantly lower levels of red blood cells, leading to reduced oxygen flow and higher mortality rates. Bihar (69.4) has the highest child population suffering from anaemia, therefore resulting in a higher child and infant mortality rate.

MATERNAL AND REPRODUCTIVE HEALTH

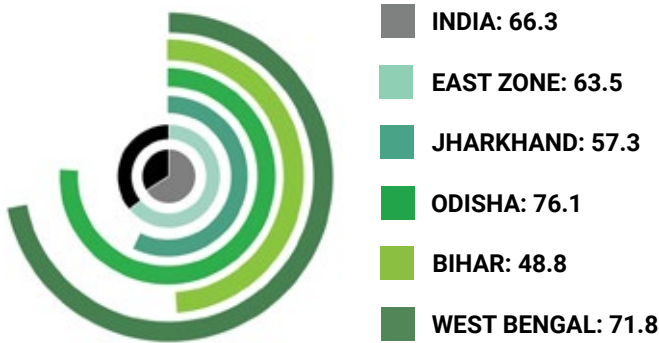


The eastern zone (34.2) is performing comparatively better than the national average (33.7) for the Maternal and Reproductive Health thematic area. West Bengal (37.7) and Odisha (36.8) are outperforming the national and eastern zone averages by delivering promising results across the thematic area.

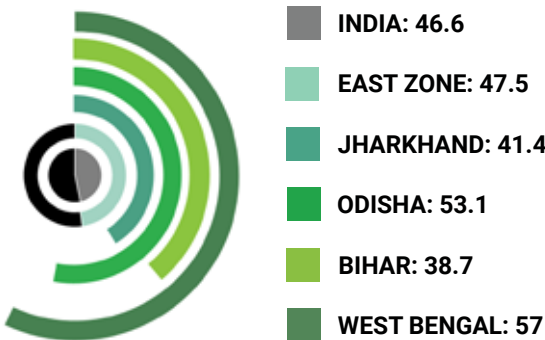
MARRIAGE & FERTILITY



MATERNITY CARE

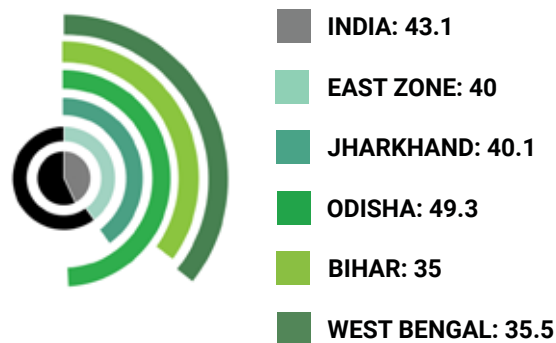


DELIVERY CARE

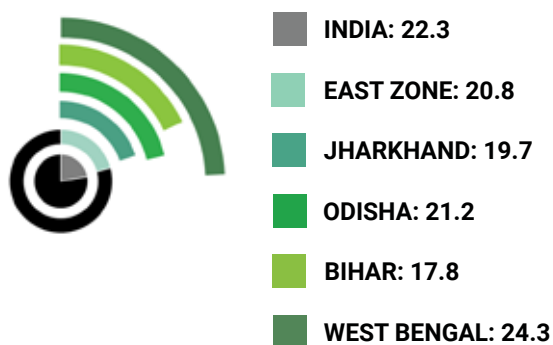


- The number of mothers or pregnant women aged 15-19 years at the time of the survey is the highest in West Bengal (33.0), and lowest in Odisha (16.4). This indicates a lack of awareness of the risks involved with early/ childhood pregnancy.
- Maternity and delivery care are the key sub-indicators of maternal and reproductive health. Odisha (76.1) and West Bengal (71.8) are the most active states, generating favourable trends on attention on maternal health.
- Consumption of iron-folic acid for pregnant women has been extremely low, with Bihar performing the worst (18.8) as compared to the national district average of 44.1.
- Delivery care is the highest in Odisha (53.1) and West Bengal (67), with the maximum number of institutional births registered in West Bengal.
- Odisha and West Bengal are also the top-performing states and ensure relatively better access to maternity services and delivery care services to women. Bihar provides the lowest access to maternity (48.8) and delivery care (38.7).

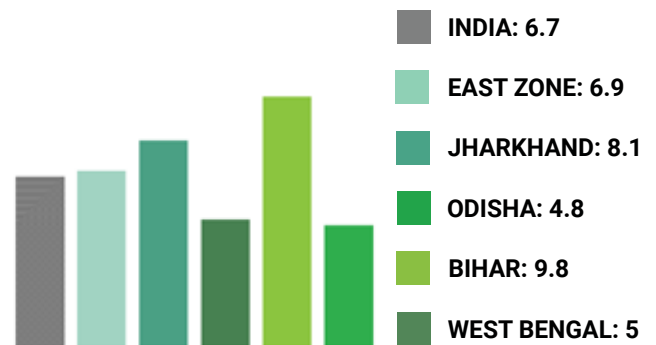
QUALITY OF FAMILY PLANNING SERVICES



CURRENT USE OF FAMILY PLANNING METHODS

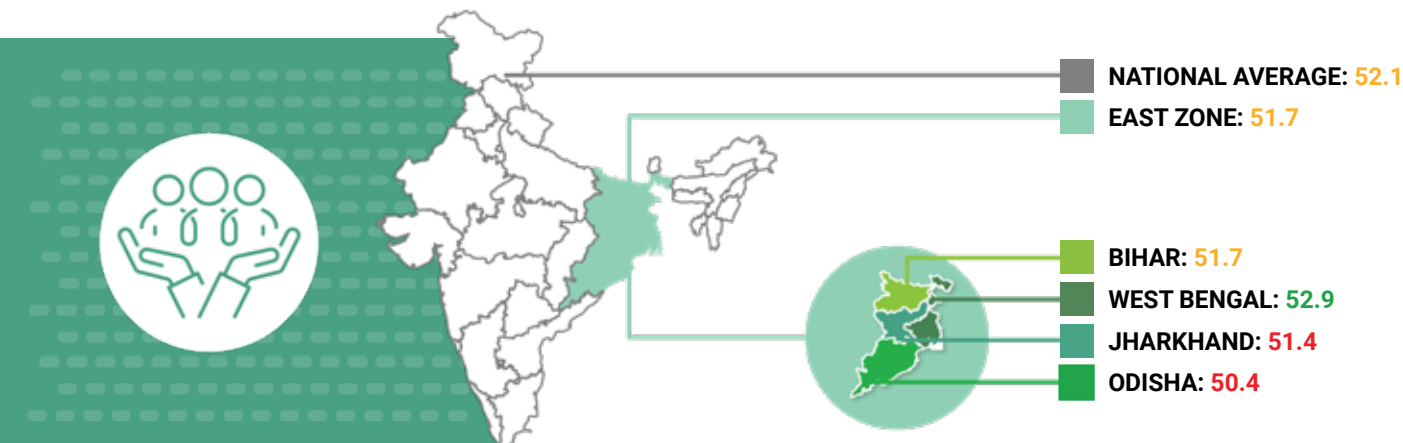


UNMET NEED FOR FAMILY PLANNING



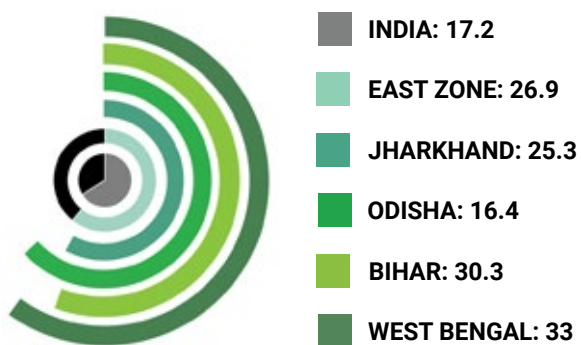
- Family planning is critical for ensuring the robust maternal and reproductive health of females. The quality of family planning is low in the eastern states (40.0), as compared to the national average (43.1).
- The number of health workers deployed to create awareness about the measures to plan for a family is critically low. This opens up an opportunity for the healthcare ecosystem to take steps to ensure the quality of family planning, with a focus on disseminating knowledge.
- Low penetration of family planning methods among women is also a noticeable trend in all eastern states. Jharkhand (19.7) and Bihar (17.8) are the states with the minimum usage of family planning methods such as condoms, pills etc as compared to the highest scoring East zone state, West Bengal (24.3).

SOCIAL DETERMINANTS OF HEALTH

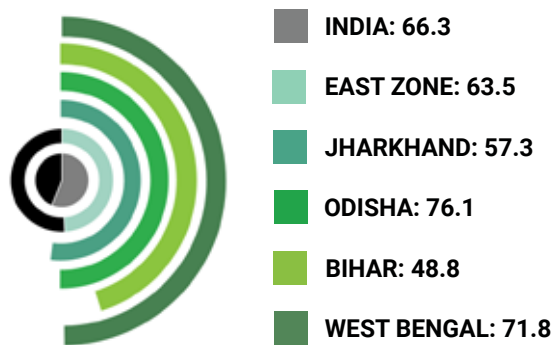


The eastern zone (51.7) is performing at par with the national average (52.1) across all sub-indicators of social determinants of health. West Bengal (52.9) outperforms the national average. The skewness in the average for social determinants of health thematic area is primarily generated from an almost-normalised sex ratio across the 4 selected states.

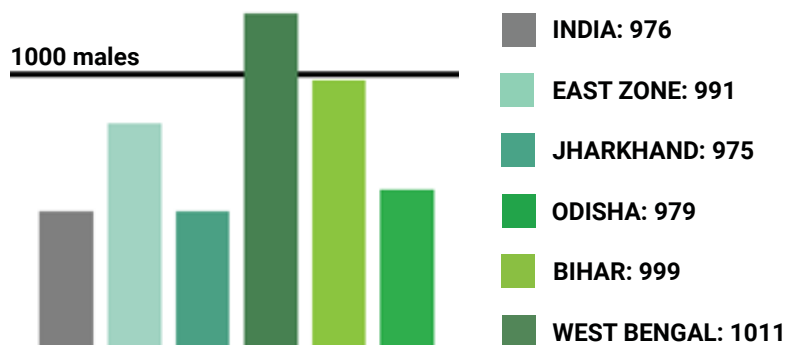
POPULATION & HOUSEHOLD PROFILE



WOMEN'S EDUCATION

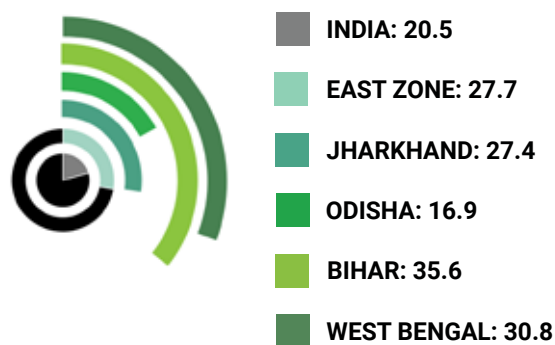


SEX RATIO: FEMALES PER 1000 MALES

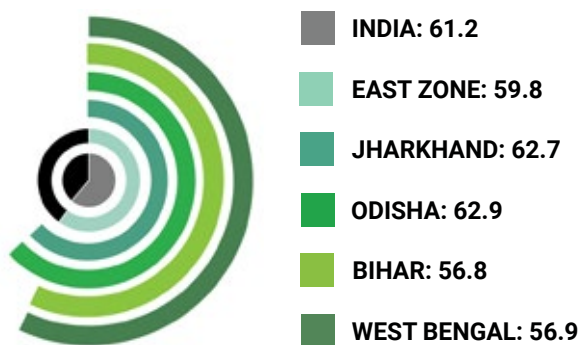


- Population living with access to electricity, clean fuel and drinking water contributes significantly to a decent population household profile in all states, with West Bengal (65.8) outperforming Odisha (63.6), Jharkhand (57.8) and Bihar (55.6).
- The sex ratio is on a continuous growth trajectory, with West Bengal having 1,011 females over 1,000 males. This is the best-performing state of the selected eastern zone states. Bihar's sex ratio is impressive with 999 females against 1,000 males.
- Literacy amongst women is still a deep-rooted concern, yielding a low national score (56.2). Bihar (45.3) has the lowest number of women who are literate.

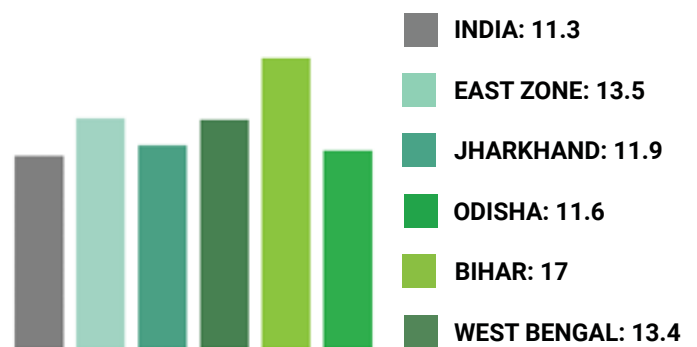
MARRIAGE & FERTILITY



WOMEN'S EMPOWERMENT (WOMEN AGED 15-49 YEARS)

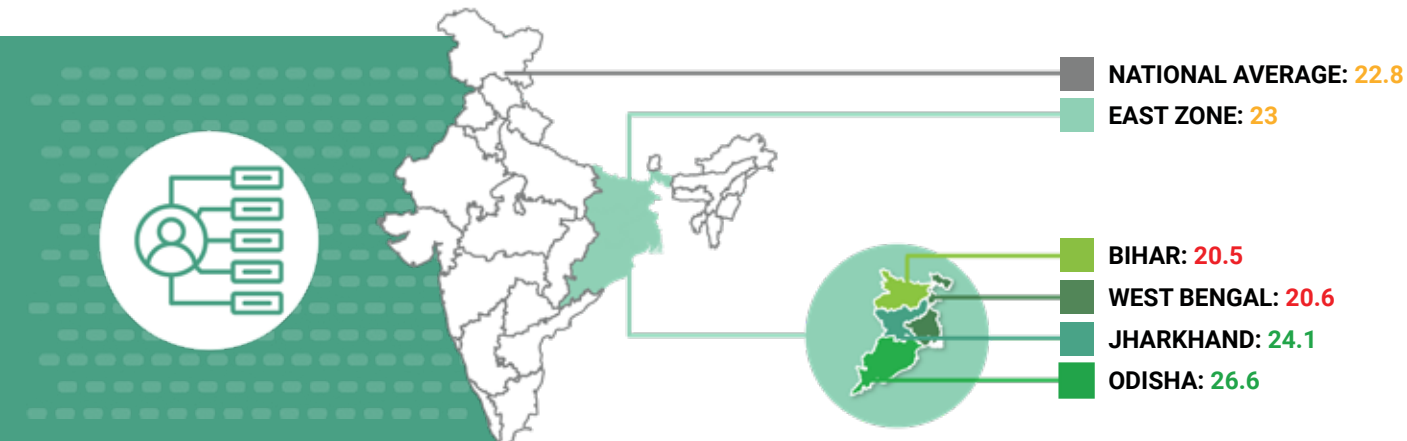


GENDER BASED VIOLENCE



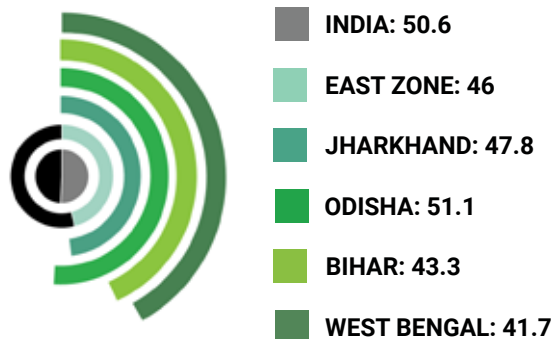
- The maximum proportion of the female population, which is married and expecting a pregnancy, is in the state of Bihar (35.6), followed by West Bengal (30.8), as against a national score of (20.5). The maximum number of women who have been married before the age of 18 belongs to West Bengal (48.0) whereas the minimum is in Odisha (25.8).
- Women empowerment is gaining traction, with the eastern zone (59.8) competing with the national average score of 61.2. All the four selected states have registered an increased average score around acknowledging women empowerment, with Jharkhand (62.7) above the rest.
- Gender-based violence is still prevalent in the country, with a national average score of 11.3 against the eastern zone's score of 13.5. The evident and marked increase in gender-based violence in Bihar (17.0) is a cause of concern.

HEALTH BEHAVIOURS AND AWARENESS

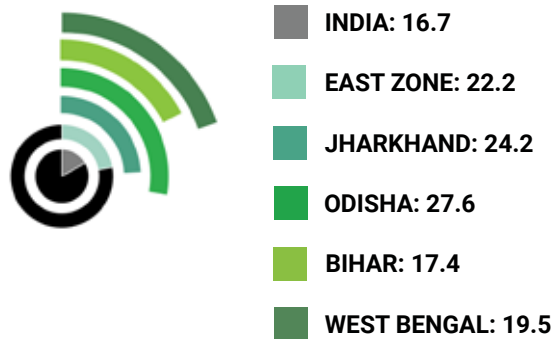


As a result of the law of averages Bihar’s (20.5) and West Bengal’s (20.6) performance across the Health Behaviour and Awareness theme is lagging behind Jharkhand (24.1) and Odisha (26.6) as against the national (22.8) and East zone (23.0) average as a whole. In the eastern zone, Odisha outperforms the other 3 states considerably.

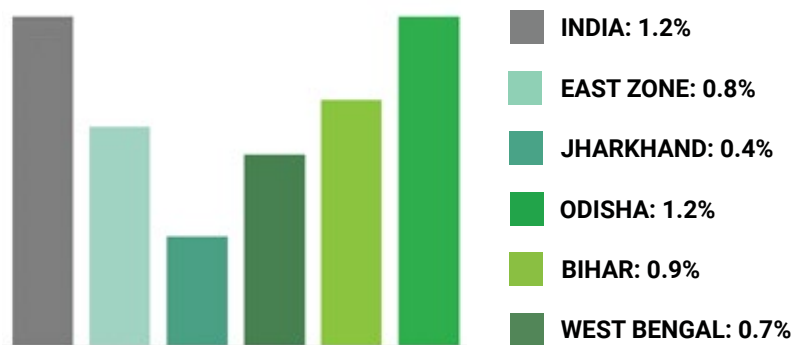
KNOWLEDGE OF HIV/AIDS AMONG ADULTS (AGE 15-49 YEARS)



TOBACCO USE & ALCOHOL CONSUMPTION AMONG ADULTS (AGE 15+)



SCREENING FOR CANCER AMONG ADULTS (AGE 30-49 YEARS): MEN



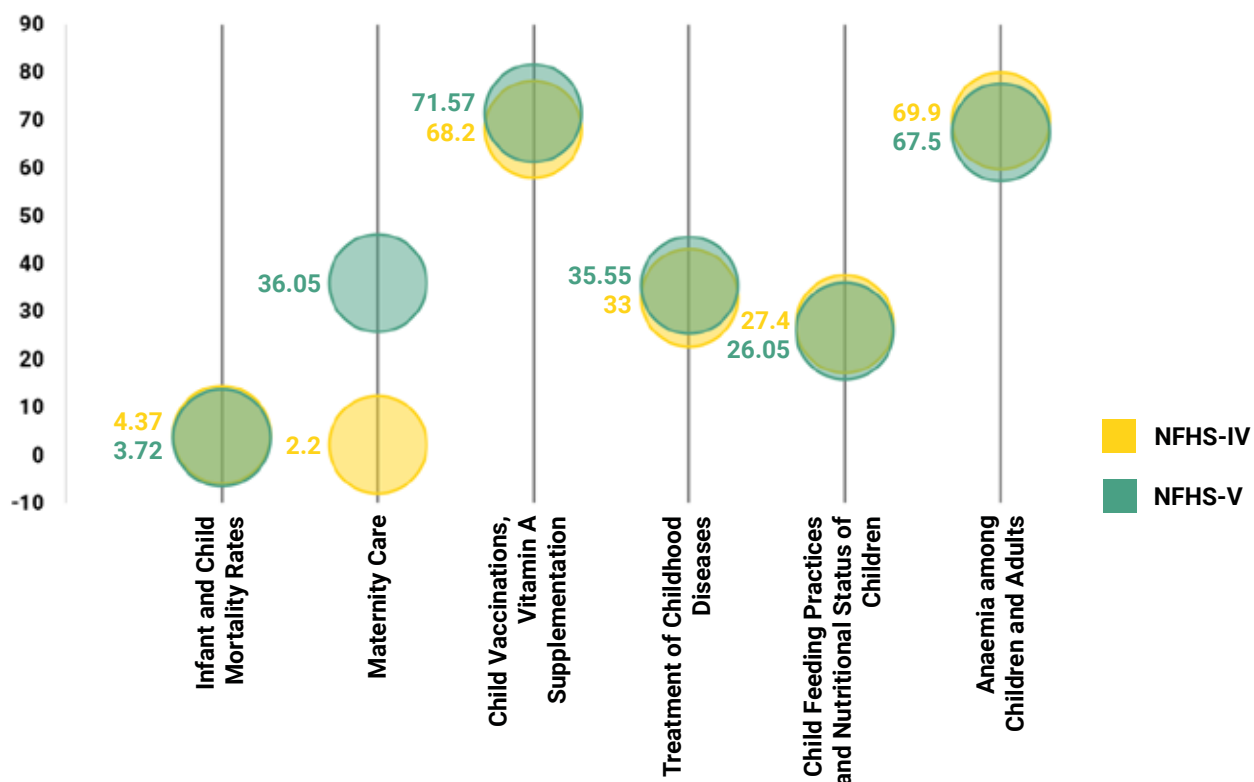
- Cancer screening is one of the most unfavourable factors within the Health theme. The national penetration is itself extraordinarily low (1.2), and has not even reached a bare minimum coverage until the latest NFHS survey.
- Jharkhand (0.4) is the state with the minimum penetration percentage for cancer screening, which is extremely low, whereas Odisha (1.2) is comparatively better performing in the eastern zone (0.8).
- Knowledge dissemination around important determinants of youth health (HIV/AIDs) is gaining constant traction and is on a growth trajectory across the nation (50.6). Jharkhand is displaying the maximum movement (47.8) as against the slow-moving state, West Bengal (41.7). It is essential for this metric to grow considerably, so as to enable better youth health standards as per the growing population statistics.
- A lower population is now consuming tobacco and alcohol at a national level (16.7) as compared to a huge population in Odisha (27.6) and Jharkhand (24.2). The East zone is on the higher side with respect to the consumption of injurious substances, resulting in an increased risk of health emergencies.

III.b. State Level Comparative Analysis: NFHS-IV & NFHS-V

This section takes a state-wise look into growth across development indicators over the years, with an express focus on Health, for the eastern zone. The indicators have been selected across key sectors in health, encompassing Child Health, Maternal Health, Social Determinants of Health and Health Awareness. Each indicator within themes encompasses a list of sub-indicators. Comparing the growth of states between the fourth and fifth rounds of the NFHS provides a benchmark for performance evaluation and allows for analysis of the projected growth for states.

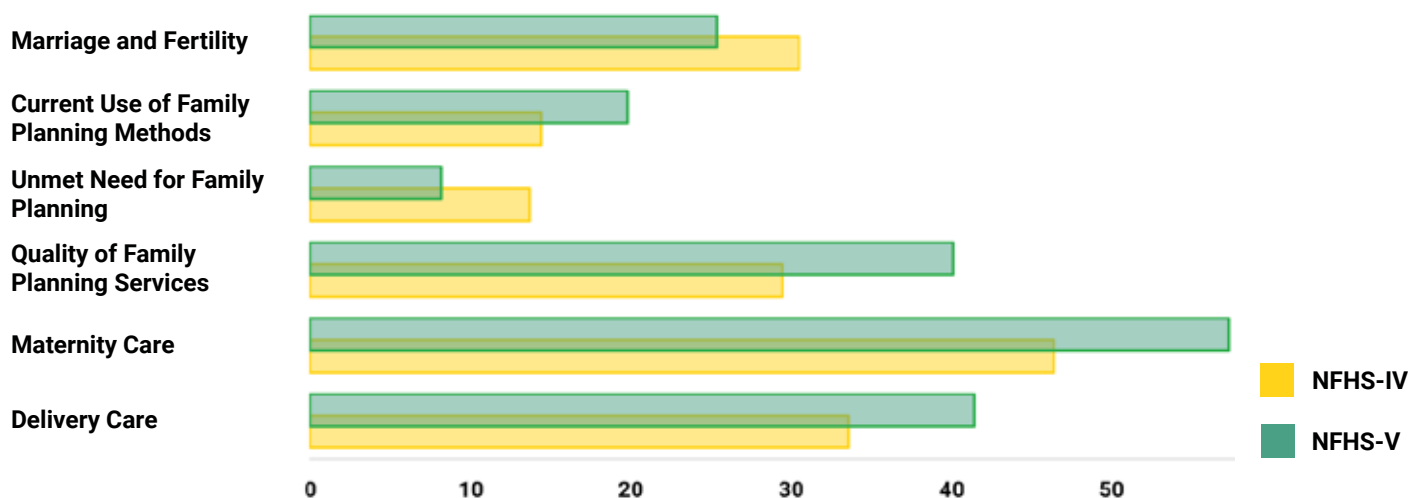
Jharkhand

GROWTH FROM NFHS IV TO NFHS V ACROSS CHILD HEALTH INDICATORS: JHARKHAND



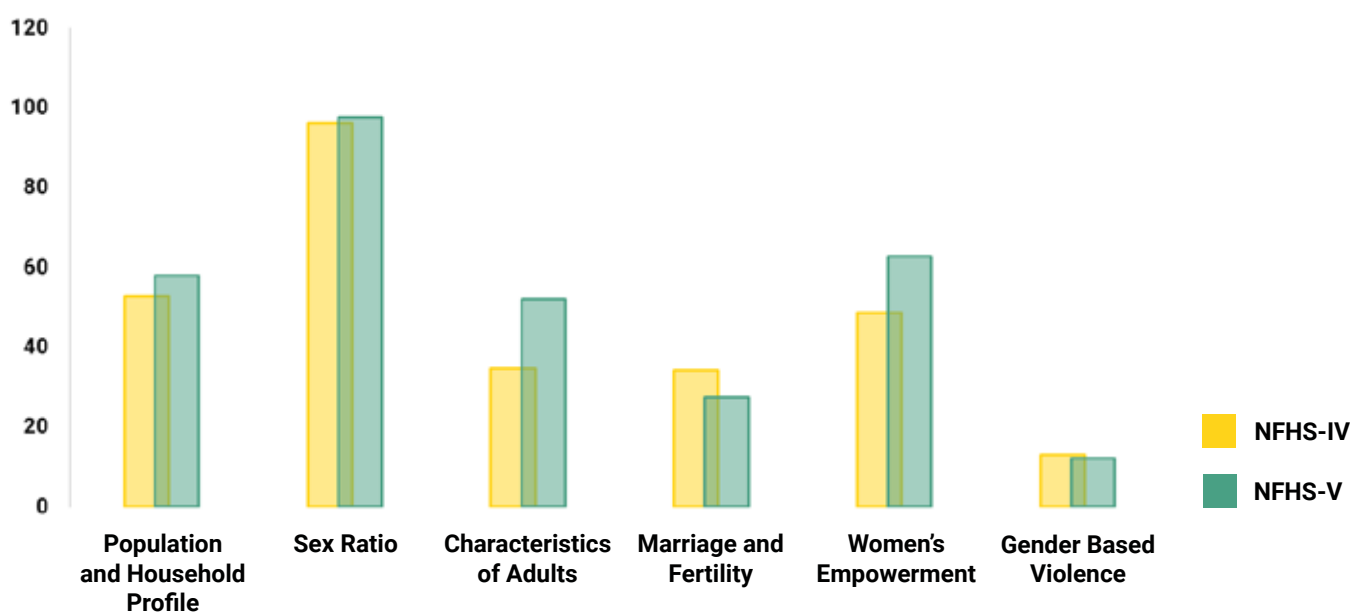
- Maternity care records the highest growth across Child Health indicators in Jharkhand, jumping from 2.2 in NFHS-IV to 36.05 in NFHS-V, indicating a great increase in quality.
- All indicators have experienced an upward trend from NFHS-IV to V, Child Feeding Practices and Nutritional Status of Children have experienced a marginal downward trend from the previous score.

GROWTH IN MATERNAL & REPRODUCTIVE HEALTH INDICATORS: JHARKHAND



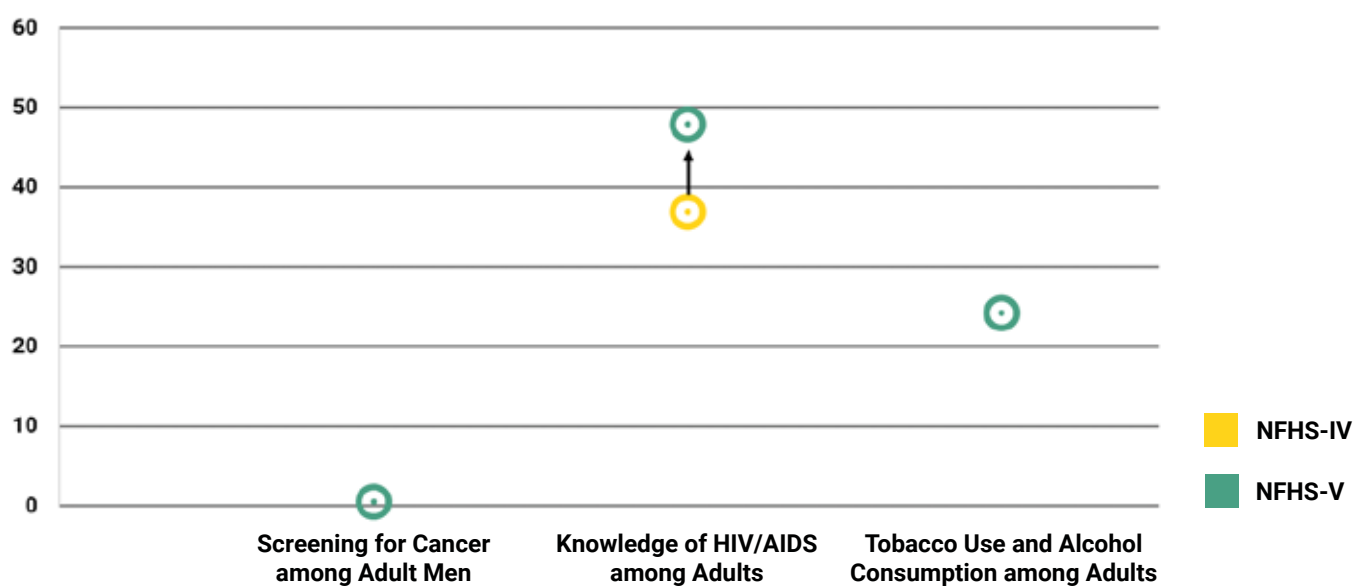
- Favourable trends emerge with the most significant jump in Quality of Family Planning Services from NFHS-IV to NFHS-V: across both indicators, on awareness of family planning methods amongst women (from 19.6 in NFHS-IV to 30.4 in NFHS-V) as well as awareness of side effects of family planning methods (from 37.2 in NFHS-IV to 52.1 in NFHS-V).
- Unmet Need for Family Planning has also dropped greatly from 13.7 to 8.2, indicating a positive rate of growth.
- Delivery (33.6 to 41.4) and Maternity (46.4 to 57.3) Care experienced a considerable rise, with the number of mothers receiving necessary nutrition and care during pregnancy steadily rising from NFHS-IV to NFHS-V.

GROWTH ACROSS SOCIAL DETERMINANTS OF HEALTH INDICATORS: JHARKHAND



- Jharkhand registers a very marginal growth in Sex Ratio, leaving room for further improvement.
- Amongst Characteristics of Adults as well, there is a significant jump from NFHS-IV to NFHS-V, indicating an increase in schooling years for women from 26.5 to 30.3; a marked increase around literacy for women is also present with a score of 59.9 for NFHS-V.
- The dip in Marriage and Fertility, as well as the increase in Women’s Empowerment together, indicate an increase in the attention given to women’s needs.
- The dip in Gender-Based Violence is merely by one point and hence remains an area that needs urgent intervention.

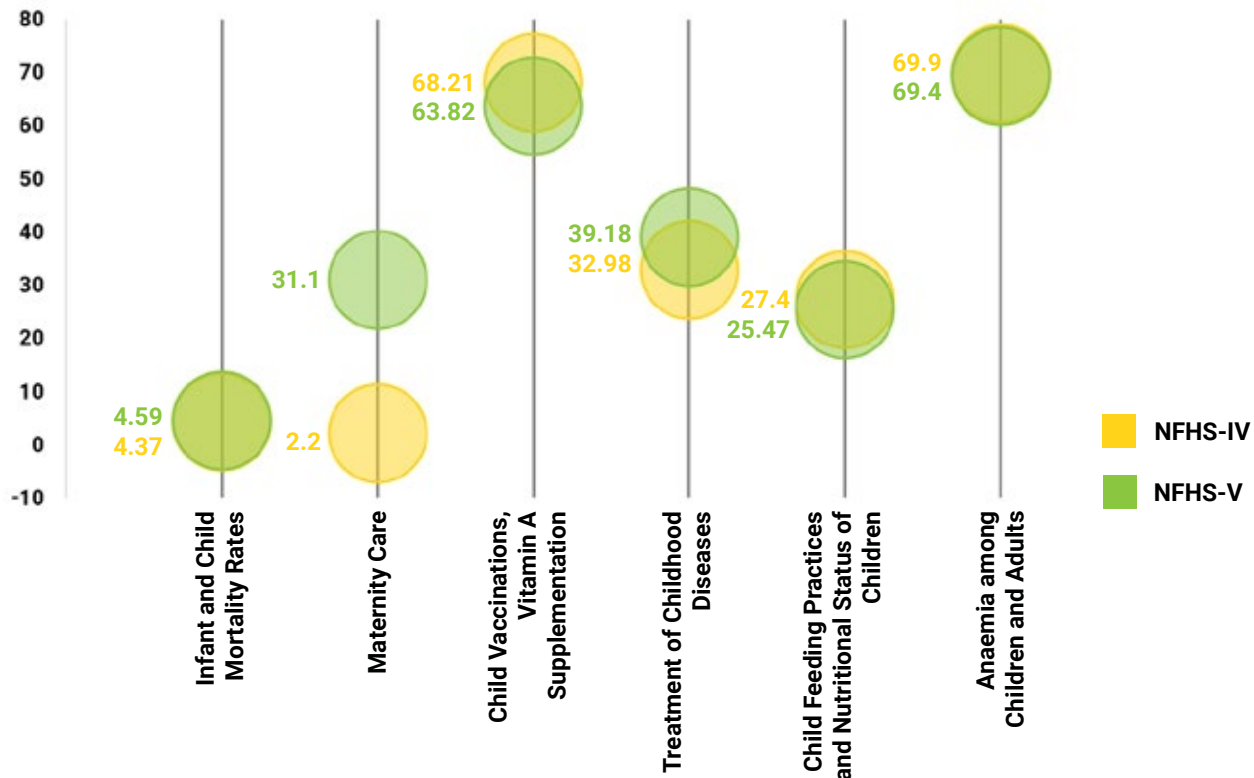
GROWTH IN HEALTH BEHAVIOURS AND AWARENESS: JHARKHAND



- In Awareness of HIV/AIDS among Adults, Jharkhand indicates relatively high knowledge of these prevalent diseases.
- A quarter of the population consumes Tobacco and Alcohol, indicating that the population is more prone to lung- and liver-related illness.

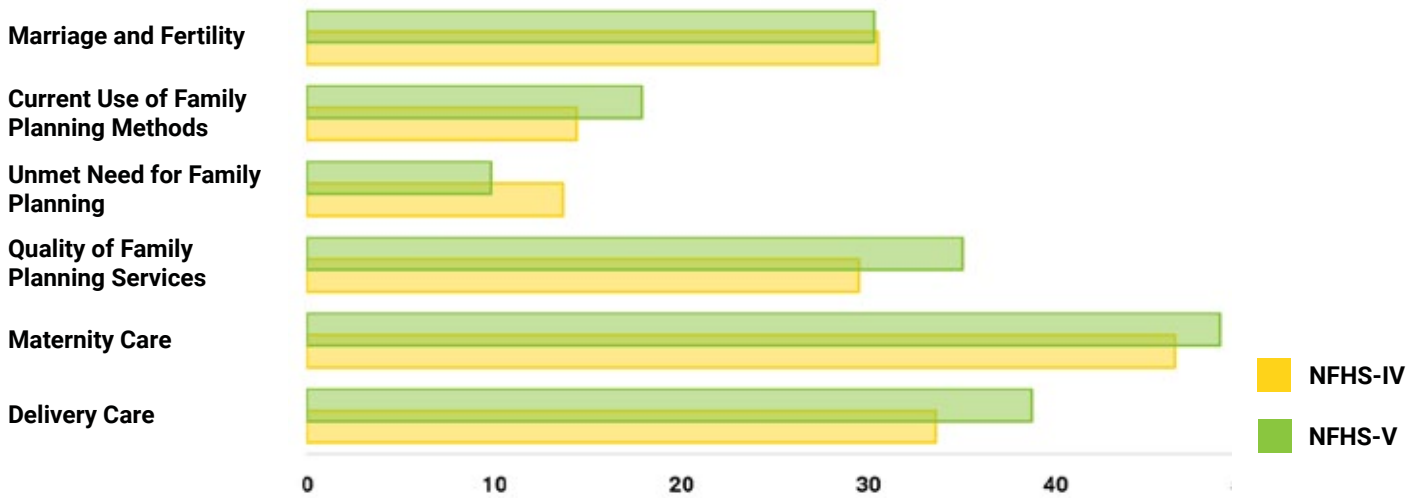
Bihar

GROWTH FROM NFHS IV TO NFHS V ACROSS CHILD HEALTH INDICATORS: BIHAR



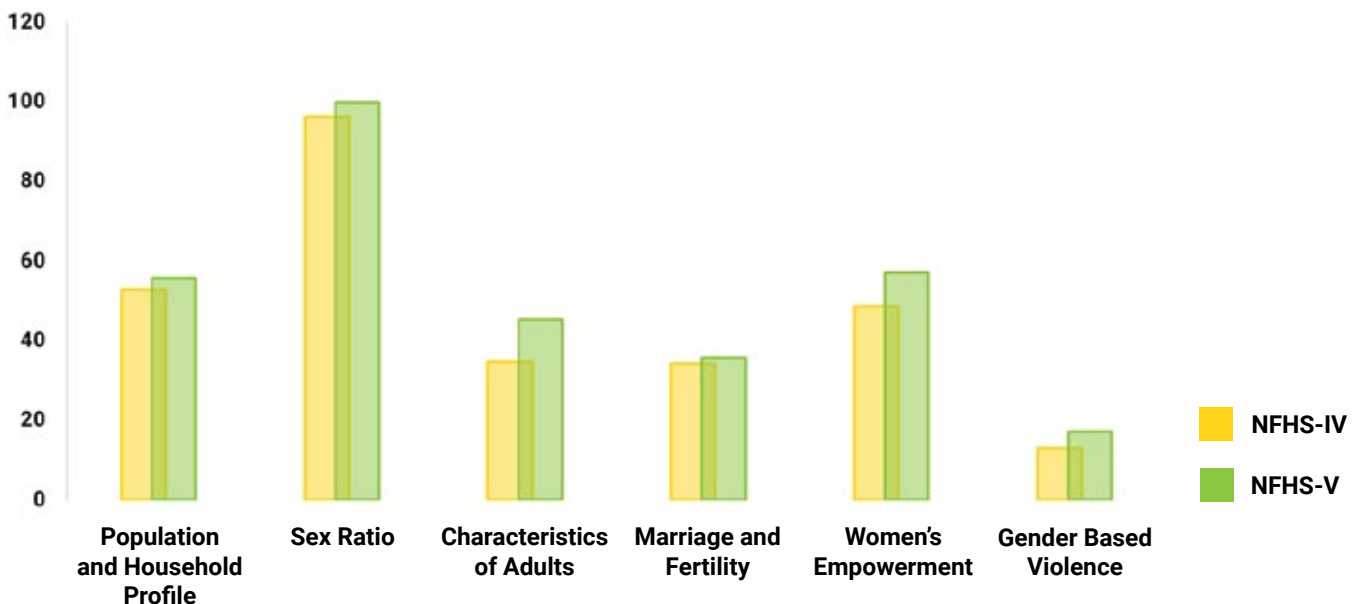
- The growth from NFHS-IV to NFHS-V in Infant and Child Mortality is very negligible, going from 4.37 to just 4.59, hence Bihar has a large margin for improvement on this front.
- Interestingly, Bihar is also the only state to register an increase in Infant and Child Mortality Rates between NFHS-IV & V; this is an alarming increase.
- Child Feeding Practices and Nutritional Status of Children also show a decline over the years, creating a cause for concern.
- The marked and drastic improvement in Maternity Care is highly laudable.
- While there has been a marginal decrease in the incidence of Anaemia among Children and Adults, Bihar still holds a very high recording of anaemia.

GROWTH IN MATERNAL & REPRODUCTIVE HEALTH INDICATORS: BIHAR



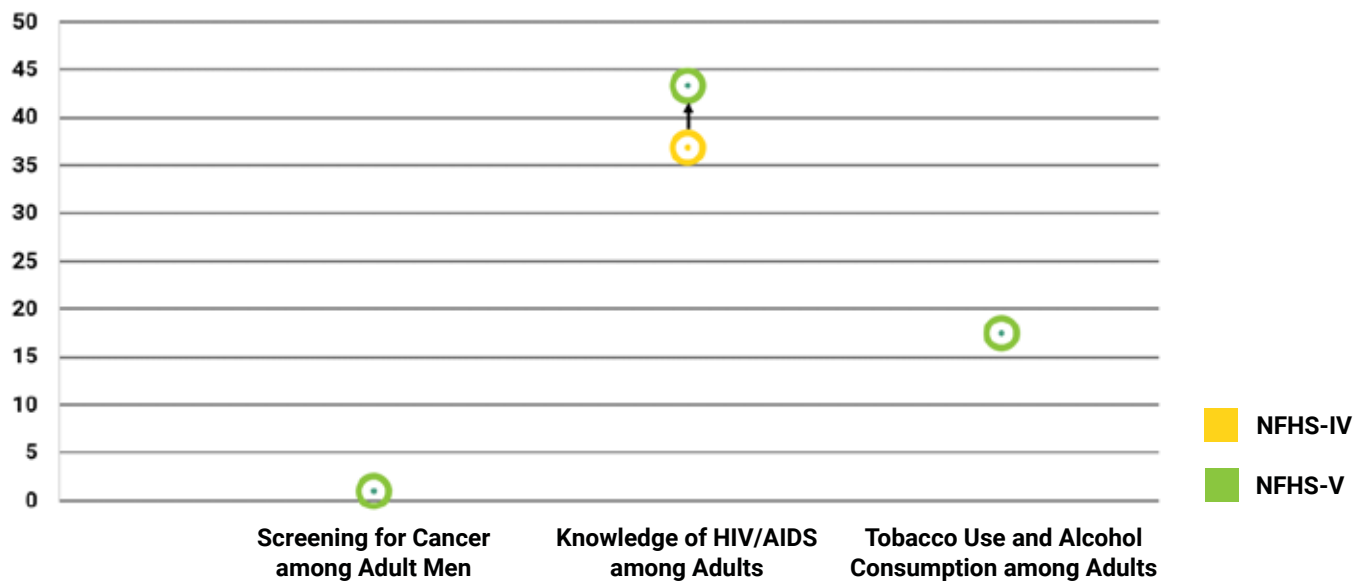
- In Bihar, especially on the aspects of Maternity and Delivery Care, there is great scope for growth in care for expecting mothers.
- When the population of Bihar is analysed for the Unmet Need for Family Planning, the requirement for higher focus and awareness-building for family planning emerges as an important facet to address, since the same has declined from NFHS-IV.

GROWTH ACROSS SOCIAL DETERMINANTS OF HEALTH INDICATORS: BIHAR



- There is an overall increase across all social determinants of health from NFHS-IV to NFHS-V for Bihar. However, it is important to note that an increase across all indicators is not always a positive sign of growth.
- The greatest delta shift in the indicators is in the Sex Ratio, which has almost normalised in Bihar.
- The evident and marked increase in Gender-Based Violence indicators is a cause for concern.

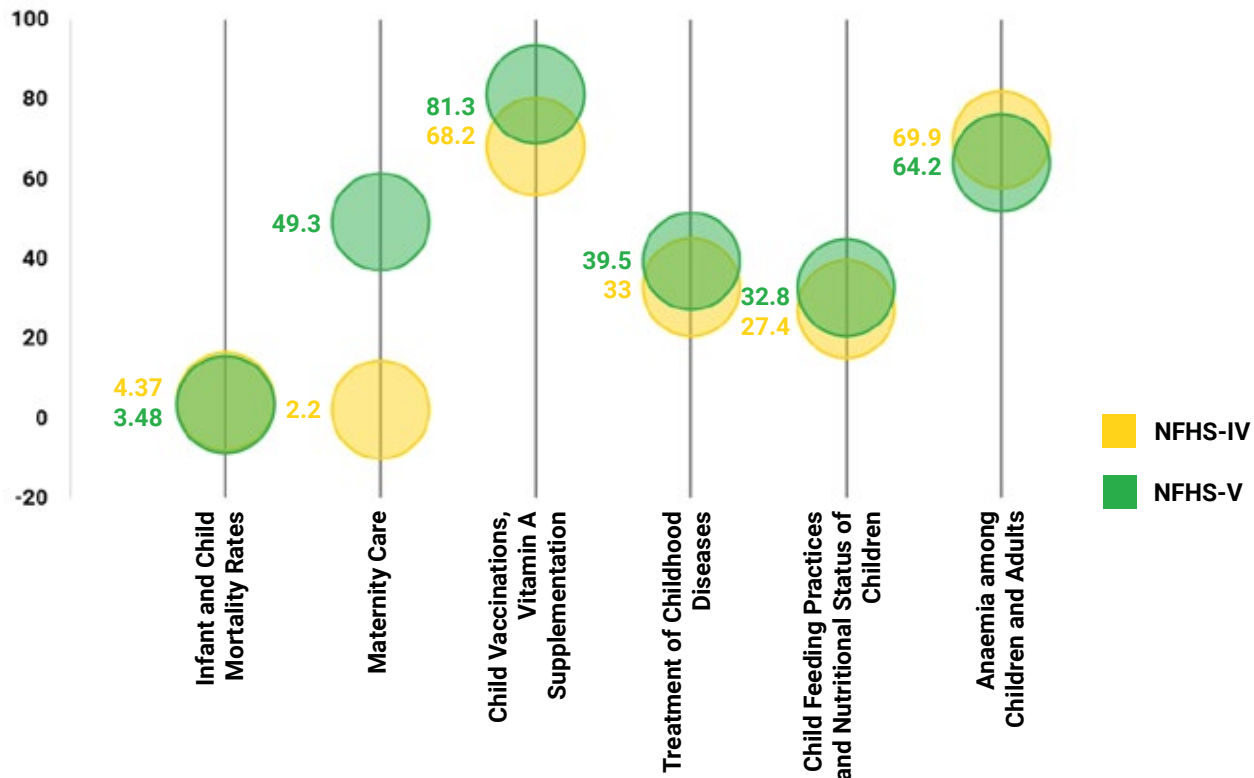
GROWTH IN HEALTH BEHAVIOURS AND AWARENESS: BIHAR



- The increase in awareness of HIV/AIDS among adults in a growing population like Bihar is a positive sign of growth.
- Tobacco Use and Alcohol Consumption in Bihar also rank relatively lower.

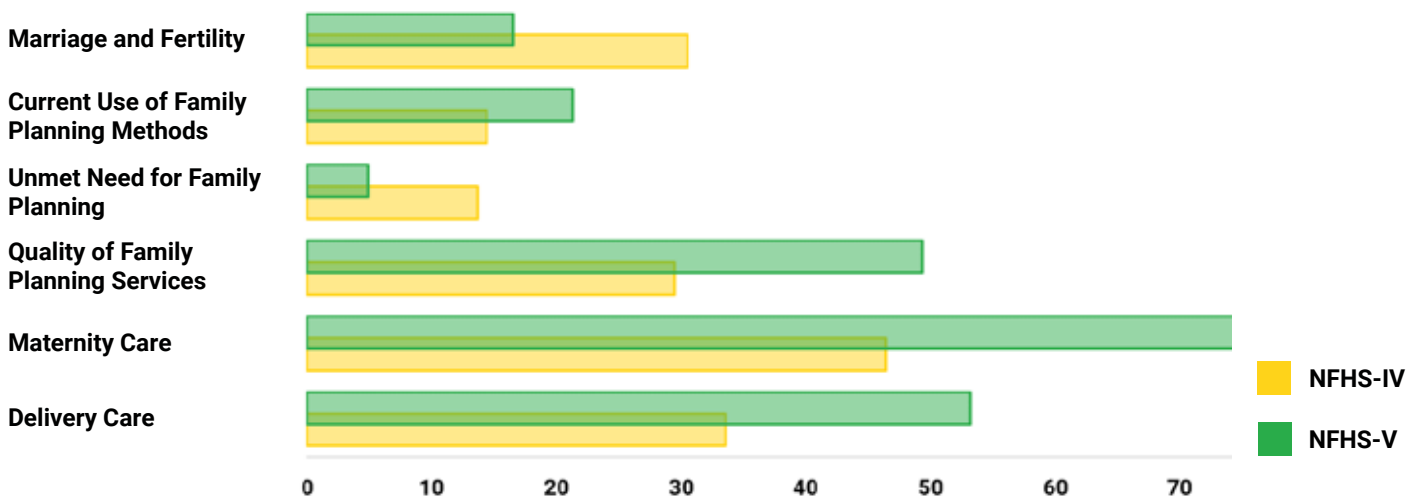
Odisha

GROWTH FROM NFHS IV TO NFHS V ACROSS CHILD HEALTH INDICATORS: ODISHA



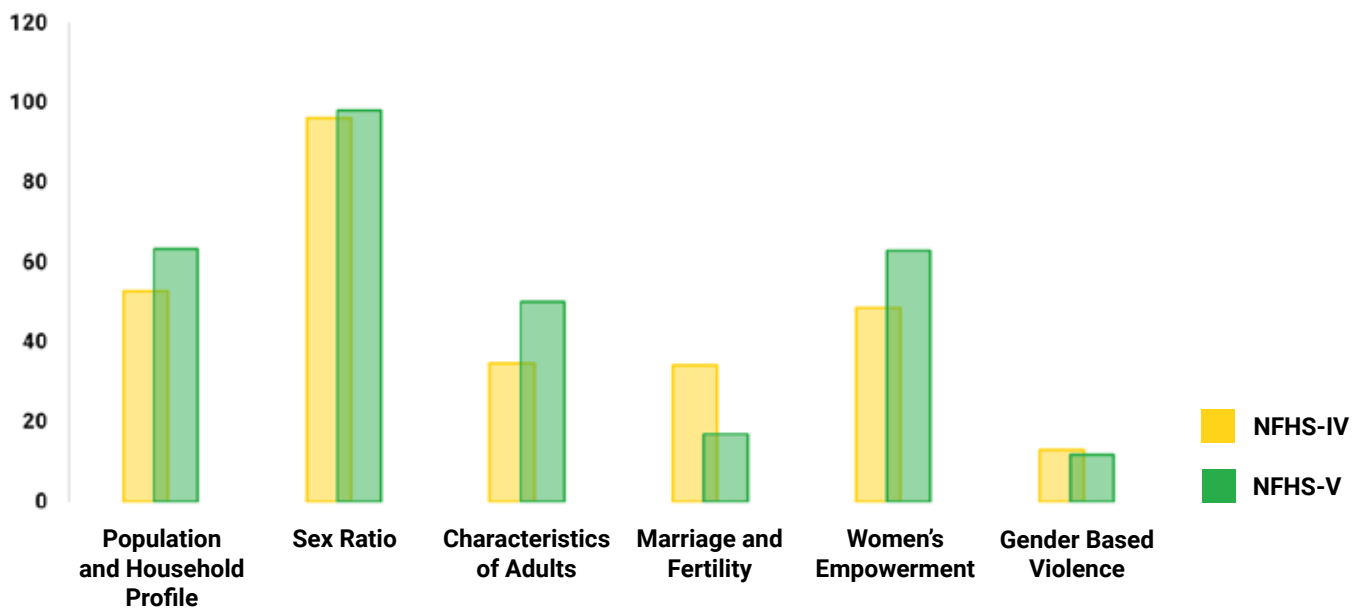
- Odisha records a sharp, positive growth in Maternity Care, going from 2.2 in NFHS-IV to 49.3 in NFHS-V. While there has been a reduction in Infant and Child Mortality Rates, there is still great scope for improvement.
- The state has also largely controlled the increase of Anaemia among Children and Adults, registering a five-point drop from NFHS-IV to NFHS-V.
- Odisha has also performed exceptionally well in ensuring Child Vaccinations, and Vitamin A Supplementation, recording 81.3 in NFHS-V.

GROWTH IN MATERNAL & REPRODUCTIVE HEALTH INDICATORS: ODISHA



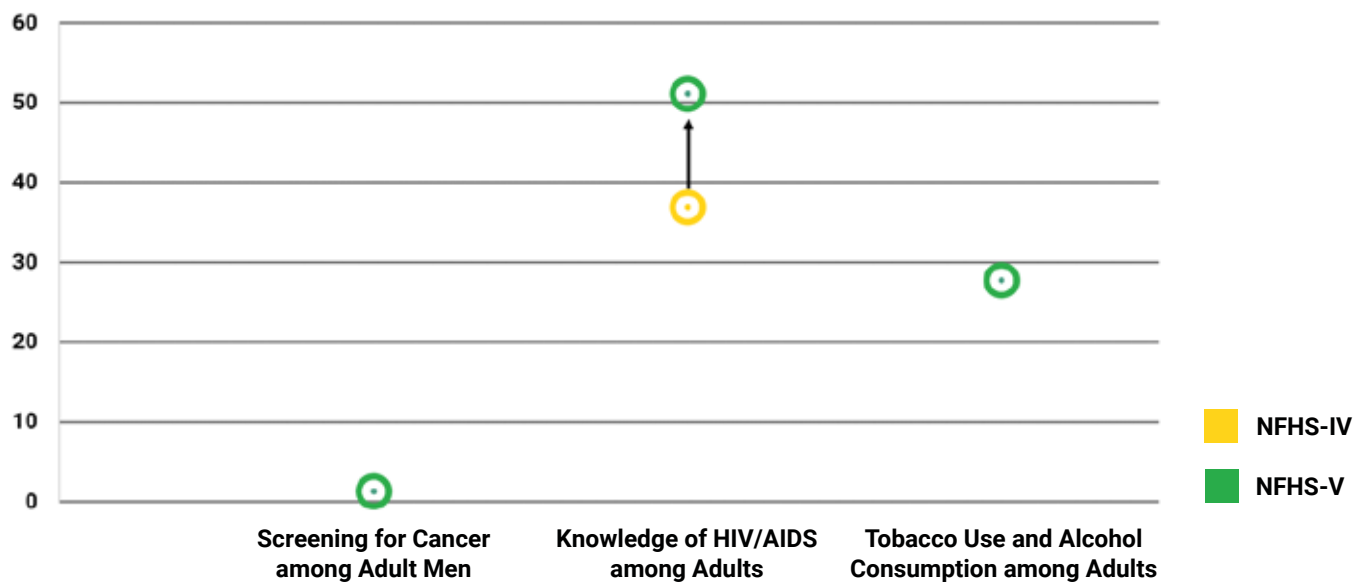
- Odisha has performed exceptionally well across Maternal and Reproductive Health Indicators, registering a significant positive growth across all indicators.
- The state has clearly taken efforts to address Family Planning, but while access to Family Planning/ Contraceptive methods is high (Unmet Need for Family Planning), active usage of the same is quite low (Current Use of Family Planning Methods).
- Maternity Care facilities for expectant mothers have also increased fairly in Odisha.

GROWTH ACROSS SOCIAL DETERMINANTS OF HEALTH INDICATORS: ODISHA



- The general standard of living in households has shown a positive increase in Odisha, visible through the Population and Household Profile.
- The sex ratio also shows a positive increase over the surveys - Marriage and Fertility along with Gender-Based Violence shows a decrease.
- Women’s Empowerment indicators also display a sharp, positive increase over the years.

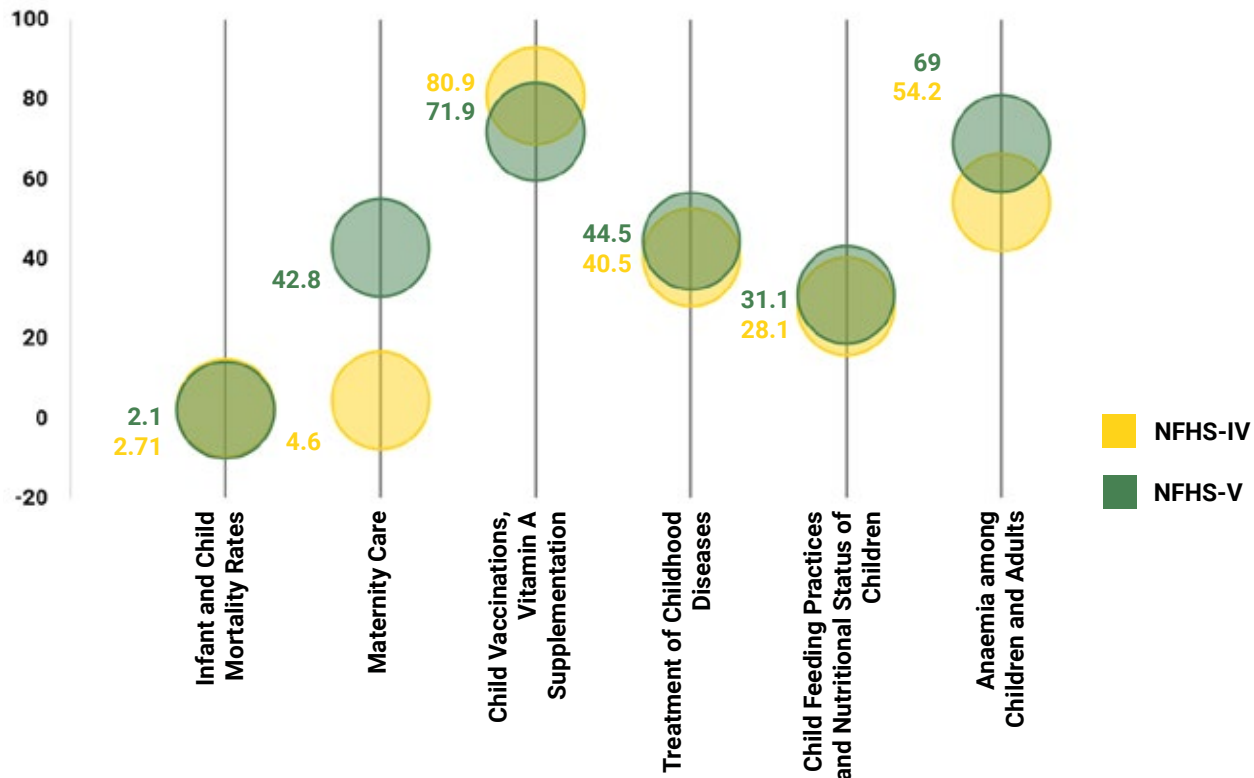
GROWTH IN HEALTH BEHAVIOURS AND AWARENESS: ODISHA



- The Awareness of HIV/AIDS among Adults has witnessed a sharp increase over the years.
- However, Tobacco Use and Alcohol Consumption among Adults is relatively high in Odisha, indicating an area for improvement.
- Screening for Cancer among Adults is also relatively high in Odisha, with room for growth.

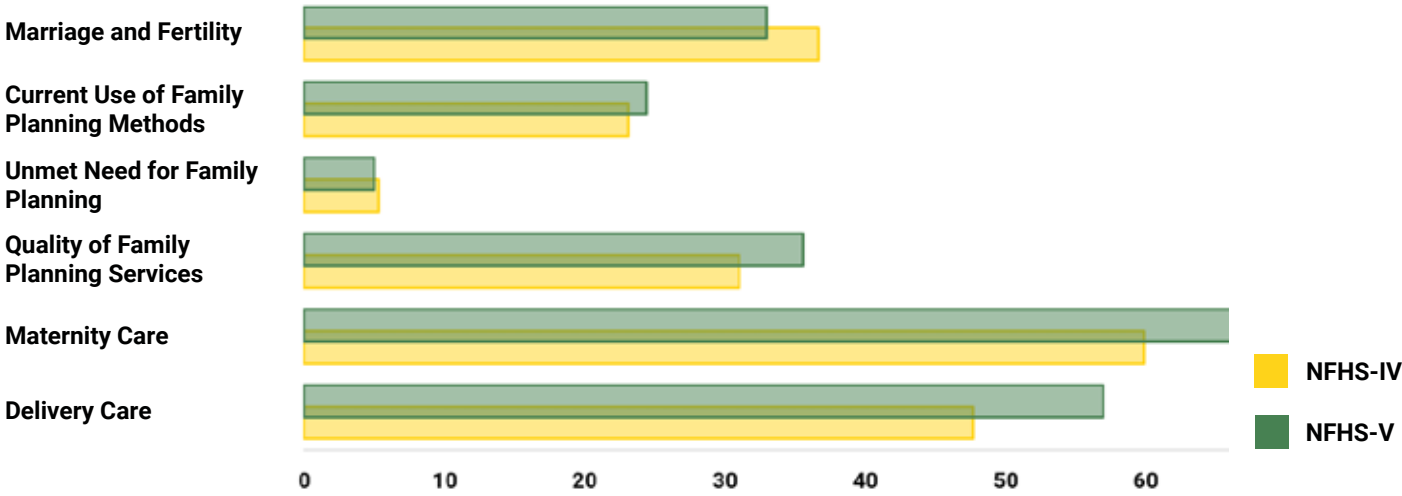
West Bengal

GROWTH FROM NFHS IV TO NFHS V ACROSS CHILD HEALTH INDICATORS: WEST BENGAL



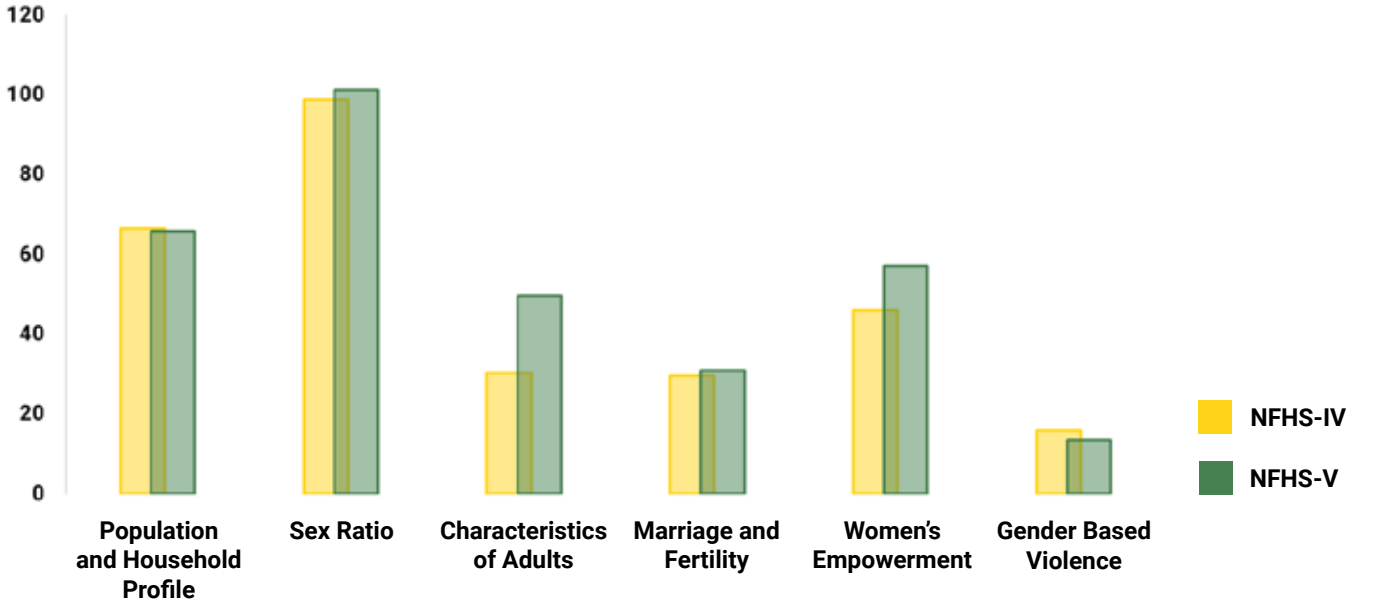
- West Bengal shows great progress and almost-complete mitigation of Infant and Child Mortality.
- The state also records positive growth across Maternity Care, Treatment of Childhood Diseases, Child Feeding Practices and Infant and Child Mortality Rates.
- Anaemia among Children and Adults rose significantly from NFHS-IV to V, indicating an area for improvement.
- Across Child Vaccinations, Vitamin A Supplementation the state records a drop in scores, an exact ten-point dip across the years.

GROWTH IN MATERNAL & REPRODUCTIVE HEALTH INDICATORS: WEST BENGAL



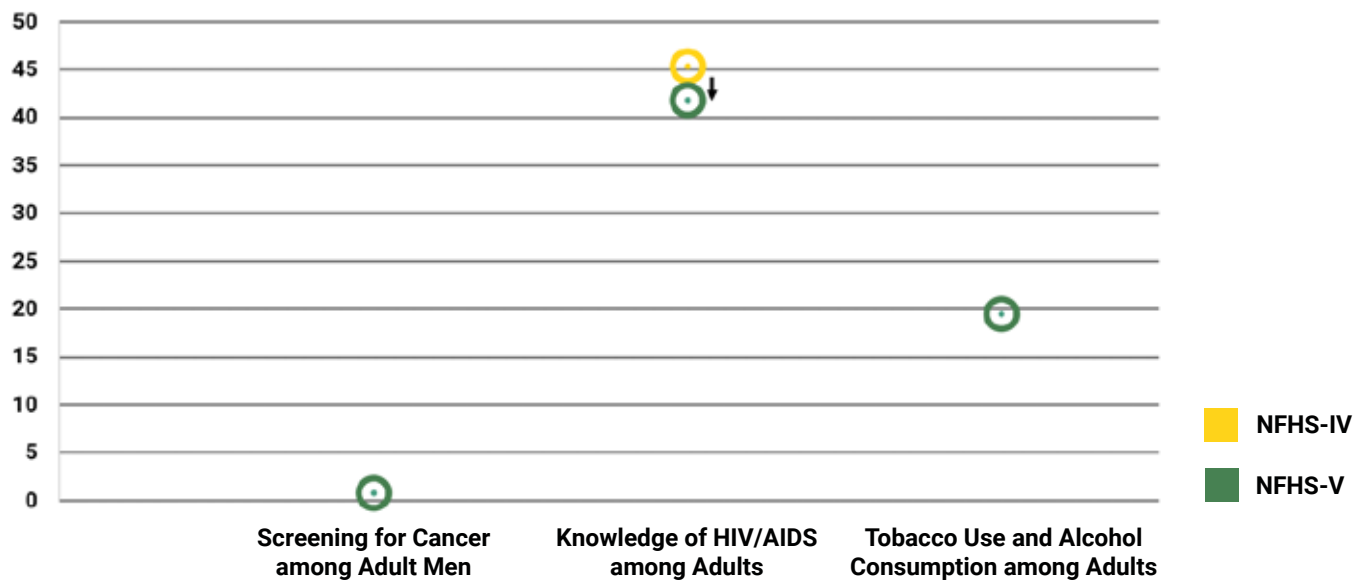
- West Bengal records exceptionally high Maternity Care delivery.
- While there is positive growth across all indicators, Unmet Need for Family Planning shows only marginal growth over the years, dipping from 5.3 to just 5, indicating the need for a faster rate of change; however, that being stated, it records the lowest rate among all the East zone states.

GROWTH ACROSS SOCIAL DETERMINANTS OF HEALTH INDICATORS: WEST BENGAL



- West Bengal has achieved a Sex Ratio of 101.1, recording exceptional growth from NFHS-IV to NFHS-V.
- Marriage and Fertility, however, record an unfavourable increase, indicating that there is a greater number of women between the ages of 20-24 who have been married before 18 years of age. It also indicates that there are numerous multiple births per mother in the five years preceding the survey.

GROWTH IN HEALTH BEHAVIOURS AND AWARENESS: WEST BENGAL



- It is important to note that in West Bengal, Awareness of HIV/AIDS among Adults unfavourably decreased, indicating declining awareness amongst a growing population.
- Screening for Cancer is also relatively quite low in West Bengal.
- Tobacco Use and Alcohol Consumption is relatively high and could be a potential area for intervention.

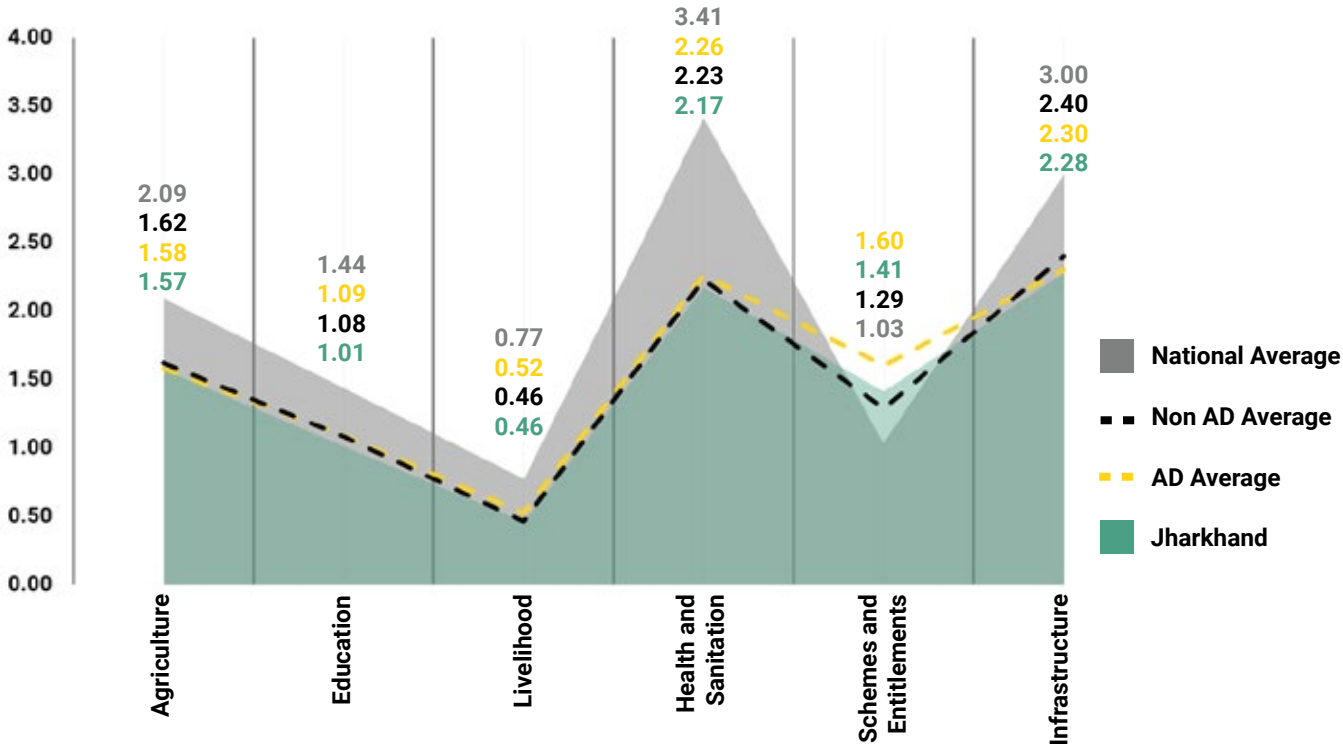
III.c. State-Level Analysis Across Key Themes Under Mission Antyodaya

This section covers a state-wise comprehensive analysis of six thematic areas across 26 developmental sub-indicators, highlighting state and district-level variance from the national standard. For each of the states, a concrete analysis of aspirational districts is conducted and further benchmarked for their absolute performance compared to their peer districts. The ADs are also compared to the non-ADs, to obtain visibility on variation, if any. This view allows us to capture the performance of ADs, mapped against non-ADs, across selected themes, ultimately helping to intervene sectorally, if required.

Jharkhand

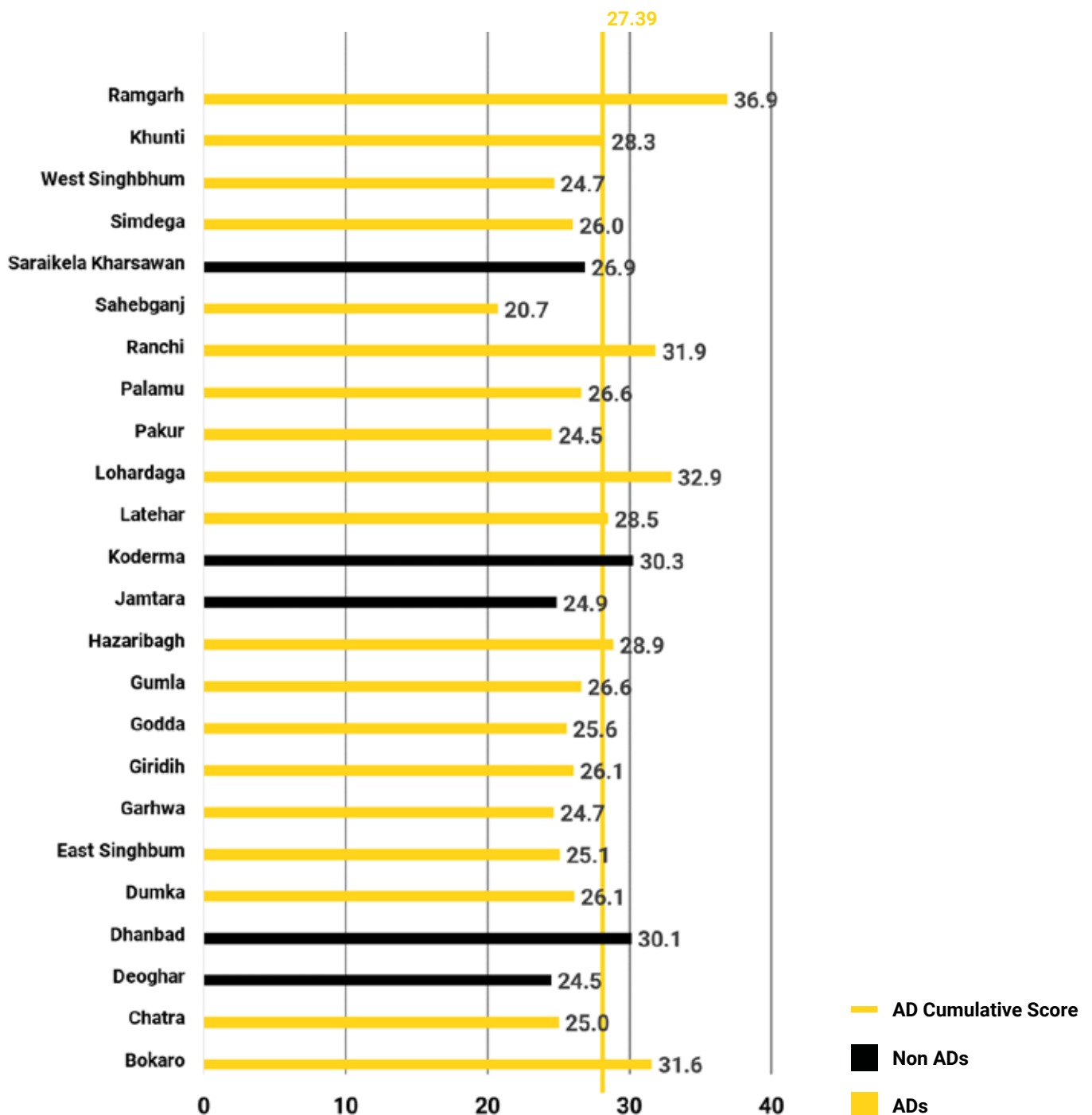
	NATIONAL SCORE 36.66		STATE SCORE 26.40		AD CUMULATIVE SCORE 27.39		NON AD CUMULATIVE SCORE 27.31
---	--------------------------------	--	-----------------------------	--	-------------------------------------	--	---

WEIGHTED SCORES ACROSS 6 THEMES (NATIONAL VS. STATE VS. AD & NON AD): JHARKHAND



- Jharkhand, with a cumulative score of 26.40, considerably falls behind the national score of 36.66.
- Jharkhand is underperforming across all themes as against national average scores, with only the Schemes and Entitlement theme delivering slightly better results (with a weighted score of 1.41 for the state versus a national score of 1.03).
- For all thematic areas, there is only a slight variation between results delivered by ADs, non ADs and state scores.

CUMULATIVE SCORES OF ALL DISTRICTS VS. AD CUMULATIVE SCORE: **JHARKHAND**

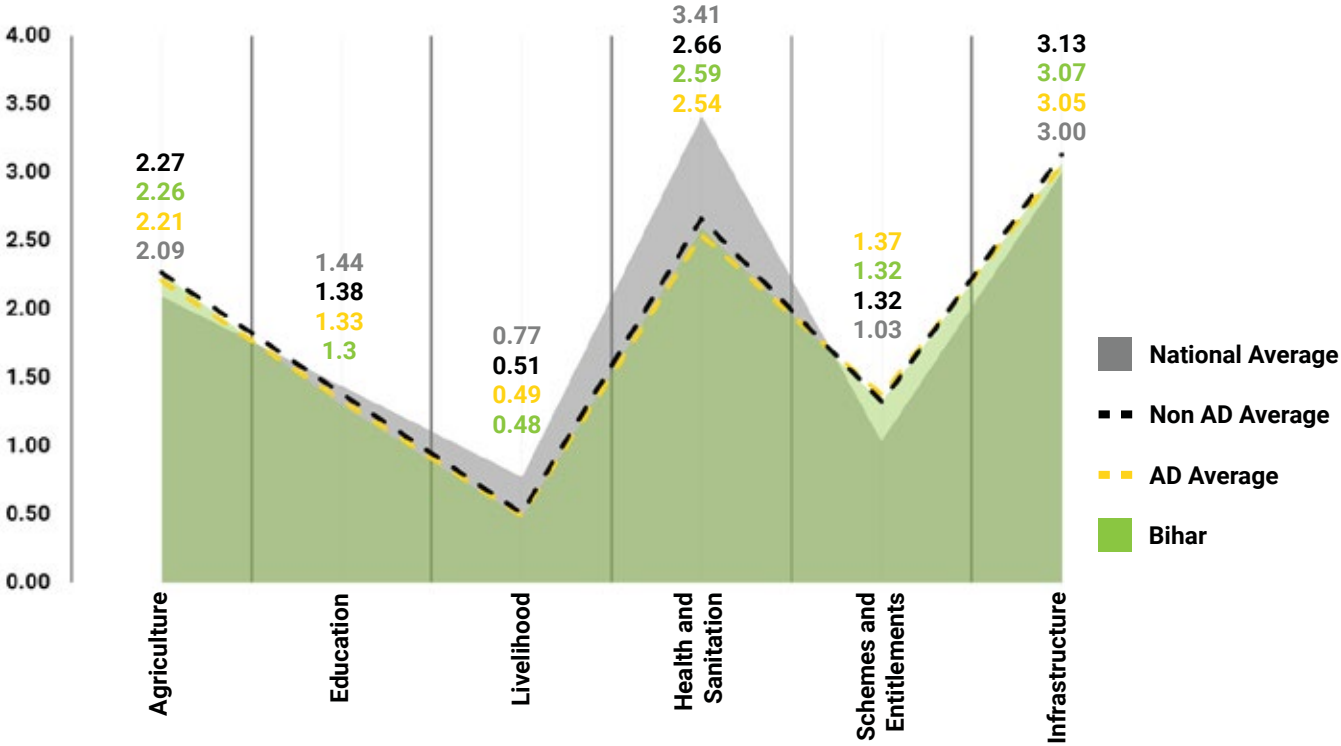


- The average cumulative score of 19 ADs in the state is 27.39 whereas 5 non-ADs have a cumulative score of 27.31.
- Of the 5 non-ADs analysed, Koderma (30.26) district is the top-performing non-AD, whereas Ramgarh (36.9) is the top performing AD in Jharkhand.
- 7 ADs, namely, Bokaro (31.37), Hazirabad (28.85), Latehar (28.48), Lohagarh (32.93), Ranchi (31.85), Khunti (28.26) and Ramgarh (36.88) are performing better than the AD cumulative score of 27.39 of the state across almost all the six themes.
- Of the 19 ADs analysed in Jharkhand, there are 12 ADs which fall below the cumulative AD score of 27.39 across all thematic areas and 10 ADs which fall below the state score of 26.40.
- Ramgarh (36.88) is the best performing AD in the state and delivered results at par (and even better) with the national average for all themes.
- Sahebganj (20.72) is the most laggard AD in Jharkhand, presenting an opportunity for urgent intervention across all thematic areas, especially Health and Sanitation (weighted score of 1.6 against the national average of 3.41).

Bihar

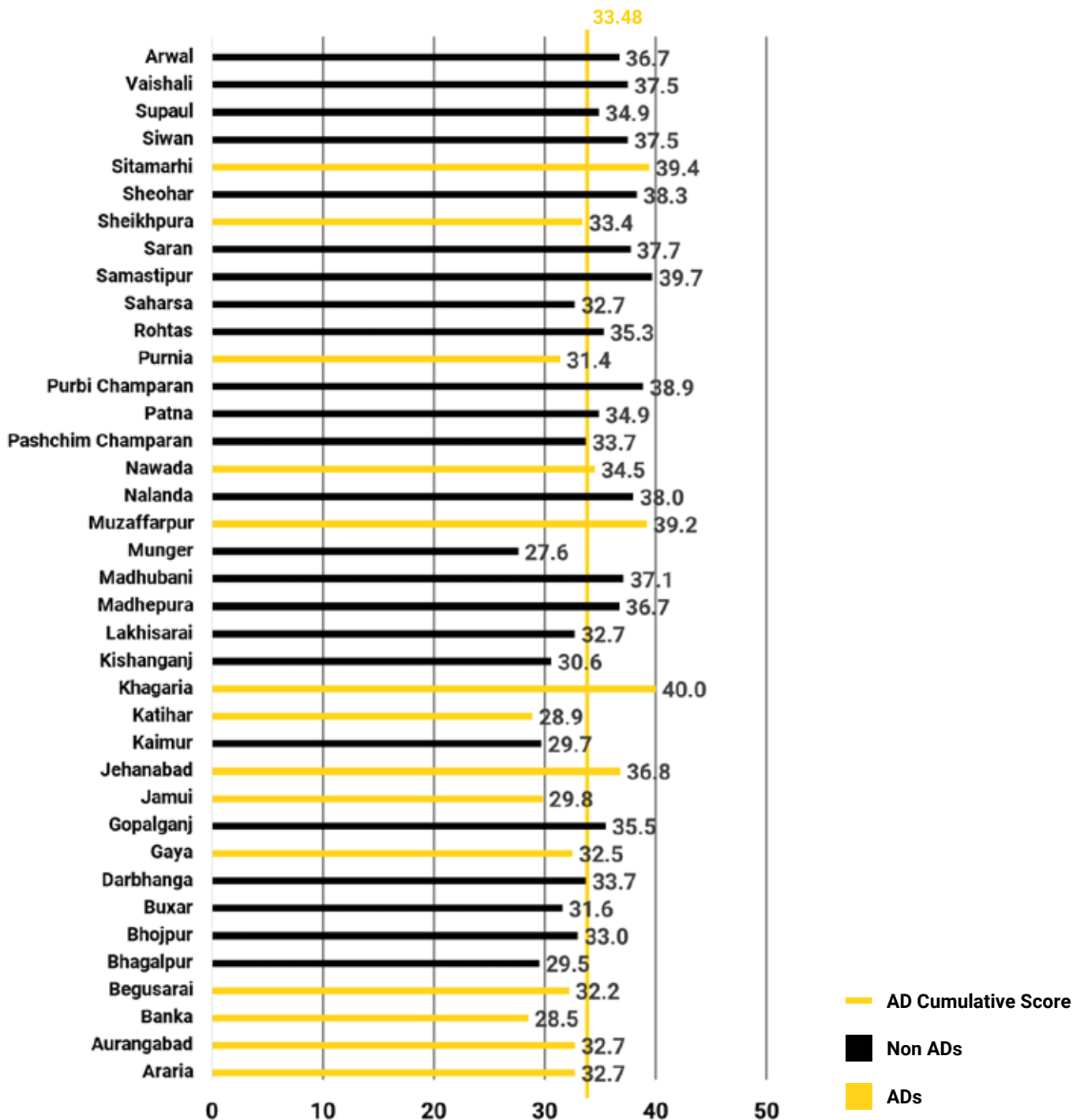
 NATIONAL SCORE 36.66	 STATE SCORE 33.99	 AD CUMULATIVE SCORE 33.48	 NON AD CUMULATIVE SCORE 34.81
--	--	--	--

WEIGHTED SCORES ACROSS 6 THEMES (NATIONAL VS. STATE VS. AD & NON AD): BIHAR



- Bihar, with a cumulative score of 33.99, falls behind the national score of 36.66.
- Bihar is slightly underperforming across Education (weighted score of 1.30 vs national weighted score of 1.44) and Livelihood (weighted score of 0.48 vs national weighted score of 0.77). The state is particularly lagging across the Health and Sanitation theme with a weighted score of 2.59 as against the national score of 3.41.
- The AD and non-AD average performance across all indicators are barely varying, with non-AD districts delivering slightly better results.

CUMULATIVE SCORES OF ALL DISTRICTS VS. AD CUMULATIVE SCORE: BIHAR



- The average cumulative score of 13 ADs in the state is 33.48 whereas 25 non-ADs have an average cumulative score of 34.81.
- Of the 25 non-ADs analysed, Samastipur (39.7) district is the top-performing non-AD and Khagaria (40.00) is the top-performing AD in Bihar.
- Of the 13 ADs analysed in Bihar, there are 9 ADs which fall below the cumulative AD score of 33.48 across all

thematic areas.

- Four ADs, namely, Khagaria (40.0), Muzaffarpur (39.2), Nawada (34.5) and Sitamarhi (39.4) are performing better than the AD cumulative score of 33.48 in the state. These districts are performing considerably better than the national averages, majorly across the Health and Sanitation as well as the Infrastructure thematic areas.
- Of the 13 ADs analysed in Bihar, there are 9 ADs which fall below the cumulative AD score of 33.48 across all thematic areas. These 9 ADs also fall below the state score of 33.99.
- Khagaria (40.00) is the best performing district and is delivering better results than the national average across all themes, barring Health and Sanitation (weighted score of 2.04 against the national score of 2.39).
- Katihar (28.9), the most laggard district amongst all aspirational districts within the state of Bihar, is underperforming across all thematic areas. Katihar is lagging way behind the national average, AD and non-AD average, especially across the Livelihood (0.18) and Education thematic areas (0.55) (weighted scores).

Odisha



NATIONAL SCORE
36.66



STATE SCORE
30.23

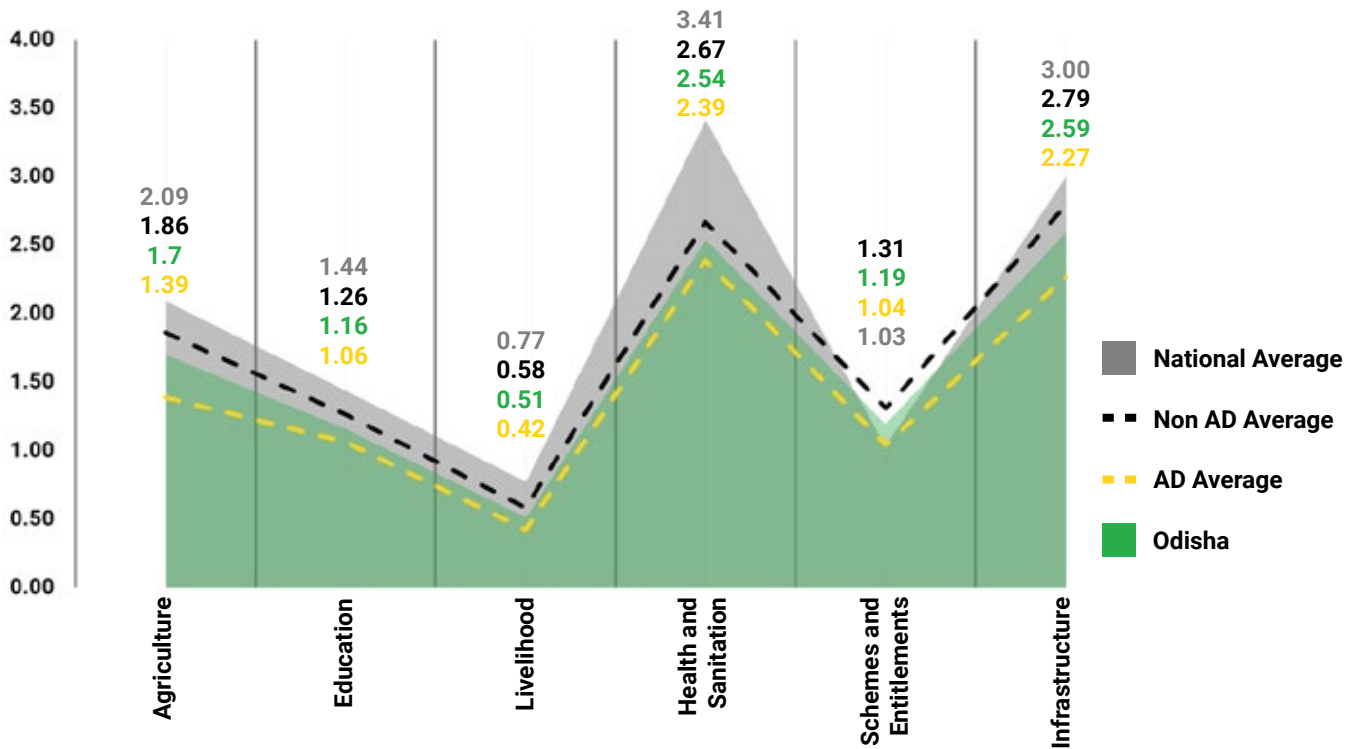


AD CUMULATIVE SCORE
27.10



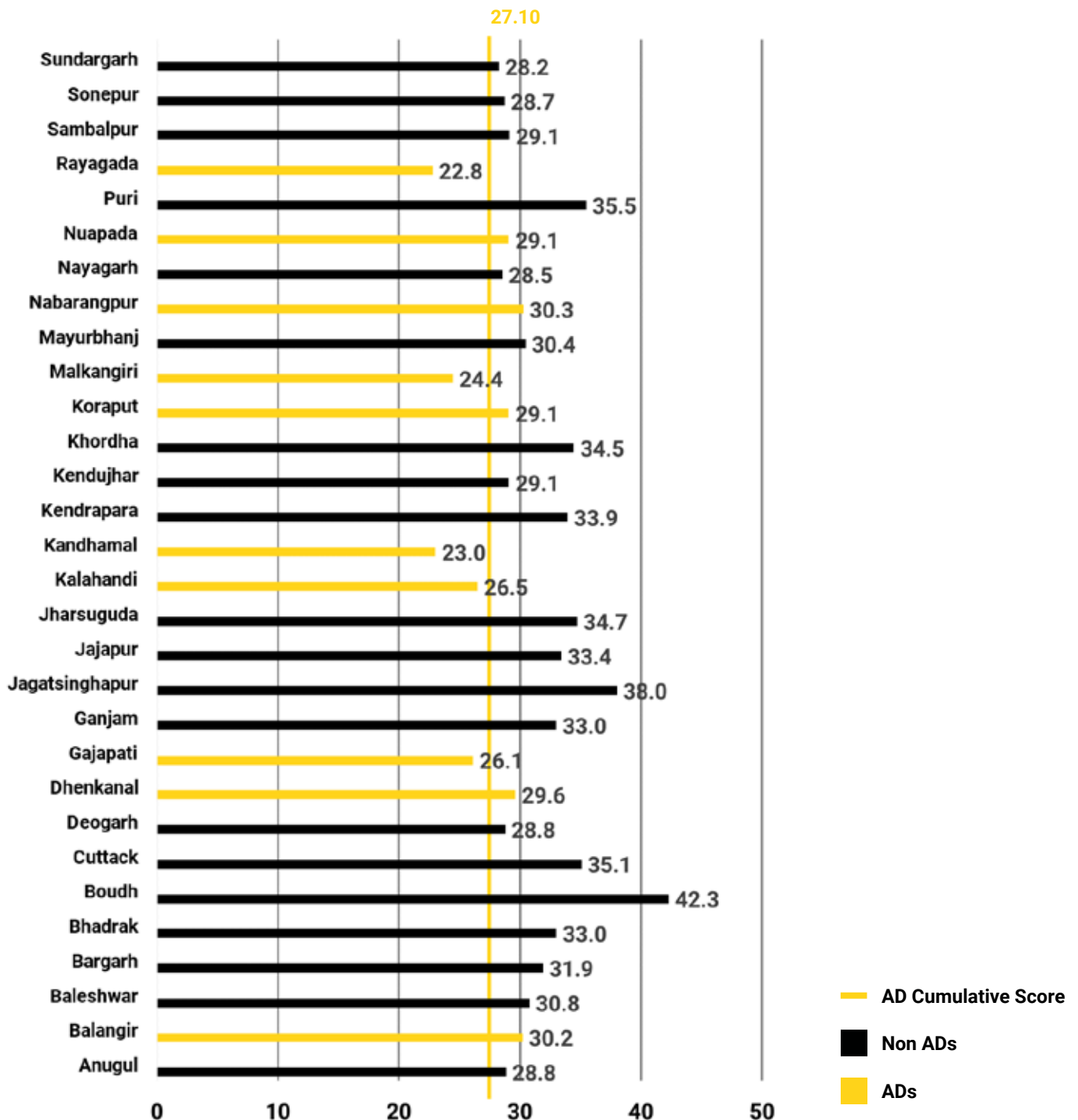
NON AD CUMULATIVE SCORE
32.38

WEIGHTED SCORES ACROSS 6 THEMES (NATIONAL VS. STATE VS. AD & NON AD): ODISHA



- Odisha, with a cumulative score of 30.23, falls behind the national score of 36.66.
- Odisha is underperforming across all themes as against national average scores with only the Schemes and Entitlement theme delivering slightly better results (with a weighted score of 1.19 vs national weighted score of 1.03).
- The AD and non-AD average performance across all indicators are varying by large proportions for the state of Odisha. Across all the six thematic areas, the non-ADs in the district are performing better.
- The maximum variation between ADs and non ADs is in the Infrastructure theme (AD’s weighted score is 2.27 against non AD weighted score, 2.79).
- Whereas for the Education theme, the ADs are competing with non ADs with a minimum difference in performance (weighted scores of 1.06 vs 1.26 respectively).

CUMULATIVE SCORES OF ALL DISTRICTS VS. AD CUMULATIVE SCORE: ODISHA



- The average cumulative score of 10 ADs in the state is 27.10 whereas 20 non-ADs are performing distinctively better than the ADs, with a cumulative score of 32.38.
- Of the 20 non-ADs analysed, Boudh (42.29) district is the top-performing non-AD in Odisha whereas Nabarangpur (30.26) is the top performing AD in Odisha .
- Five ADs, namely, Balangir (30.20), Dhenkanal (29.59), Koraput (29.07), Nabarangpur (30.26) and Nuapada

(29.08) are performing better than the AD average score (27.10) of the state.

- Of the 10 ADs analysed in Odisha, there are 5 ADs which fall below the cumulative AD score of 27.10 across all thematic areas and 9 ADs fall below the state score of 30.20.
- Nabarangpur (30.26), the best performing AD in the state, is delivering better results than cumulative AD score (27.10) but fails to compete with the cumulative score of non-AD (32.38).
- Kandhamal (23.01), the most laggard district amongst all aspirational districts within the state of Odisha, is underperforming across all themes. Kandhamal is way behind the cumulative national score (36.66), AD score (27.10) and non-AD score (32.38) with huge gaps between the weighted scores.

West Bengal



NATIONAL SCORE
36.66



STATE SCORE
36.90

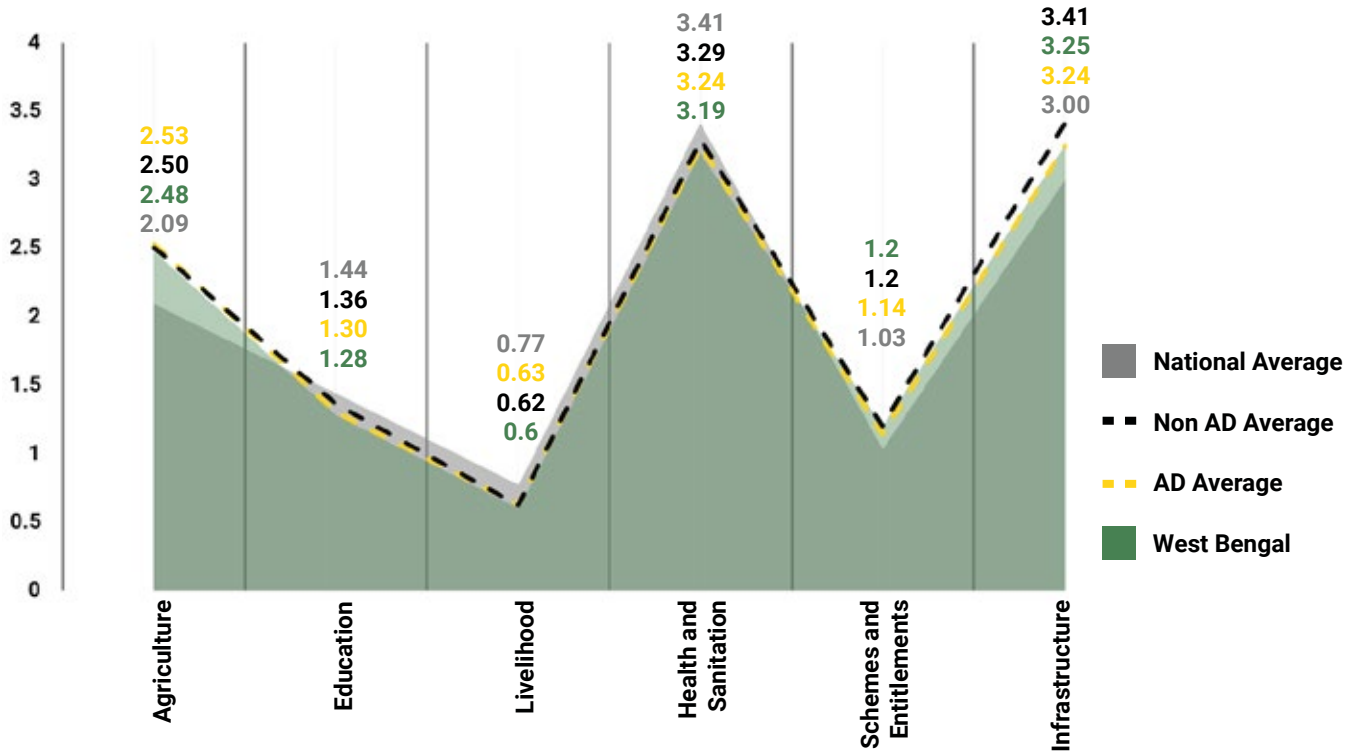


AD CUMULATIVE SCORE
36.81



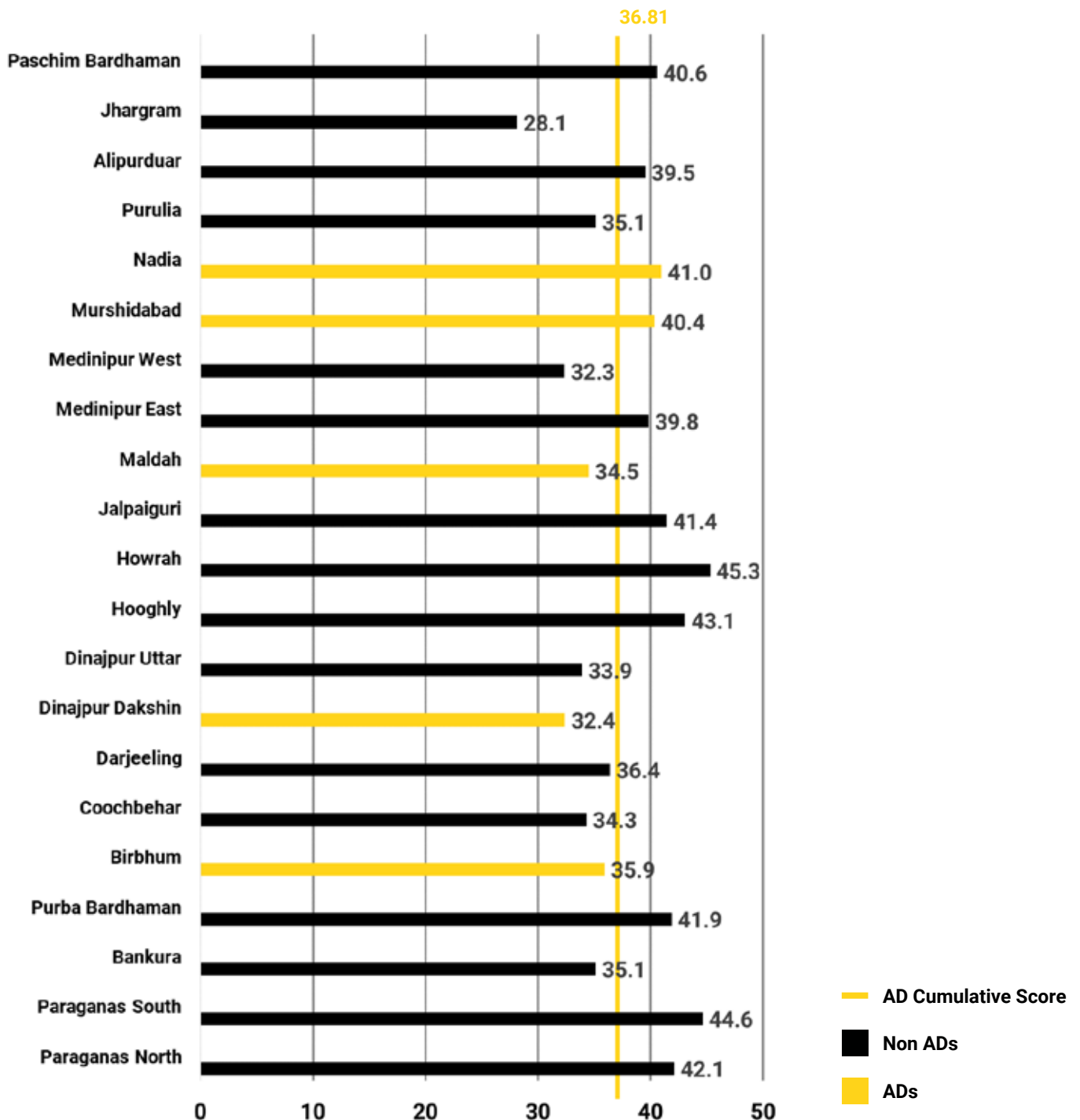
NON AD CUMULATIVE SCORE
38.34

WEIGHTED SCORES ACROSS 6 THEMES (NATIONAL VS. STATE VS. AD & NON AD): WEST BENGAL



- West Bengal (36.90) performs slightly better than the national score of 36.66. The state is the best performing one within the analysed eastern region.
- West Bengal is outperforming the national weighted scores in Agriculture (weighted score of 2.48 as against the national score of 2.09), Schemes and Entitlements (1.20 as against the national score of 1.03) and Infrastructure (3.25 as against the national score of 3.00). Interestingly, for the remaining three themes (Education, Livelihood, and Health & Sanitation), the state is almost close to the national weighted scores.
- The AD and non-AD performance across all indicators are almost similar.

CUMULATIVE SCORES OF ALL DISTRICTS VS. AD CUMULATIVE SCORE: WEST BENGAL



- The average cumulative score of 5 ADs in the state is 36.81 whereas 16 non-ADs are performing better than the ADs, with a cumulative score of 38.34.
- Of the 16 non-ADs analysed, Howrah (45.27) district is the top-performing non-AD whereas Murshidabad (40.35) is the top performing AD in West Bengal.
- Two ADs, namely, Murshidabad (40.35) and Nadia (40.95) are performing better than the AD cumulative score

of 36.81 in the state.

- Of the five ADs analysed in West Bengal, there are 3 ADs which fall below the cumulative AD score 36.81 across all thematic areas and they also fall below the state score of 36.90.
- Murshidabad (40.35), the best performing AD in the district, is delivering better results than all the scores, national (36.66), state (36.90), AD (36.81) and non-AD (38.34).
- Dinajpur Dakshin (32.38), the most laggard district amongst all aspirational districts within the state of West Bengal, is extremely underperforming across all themes barring Agriculture thematic area (weighted average score of 2.31 as against a national average of 2.09).

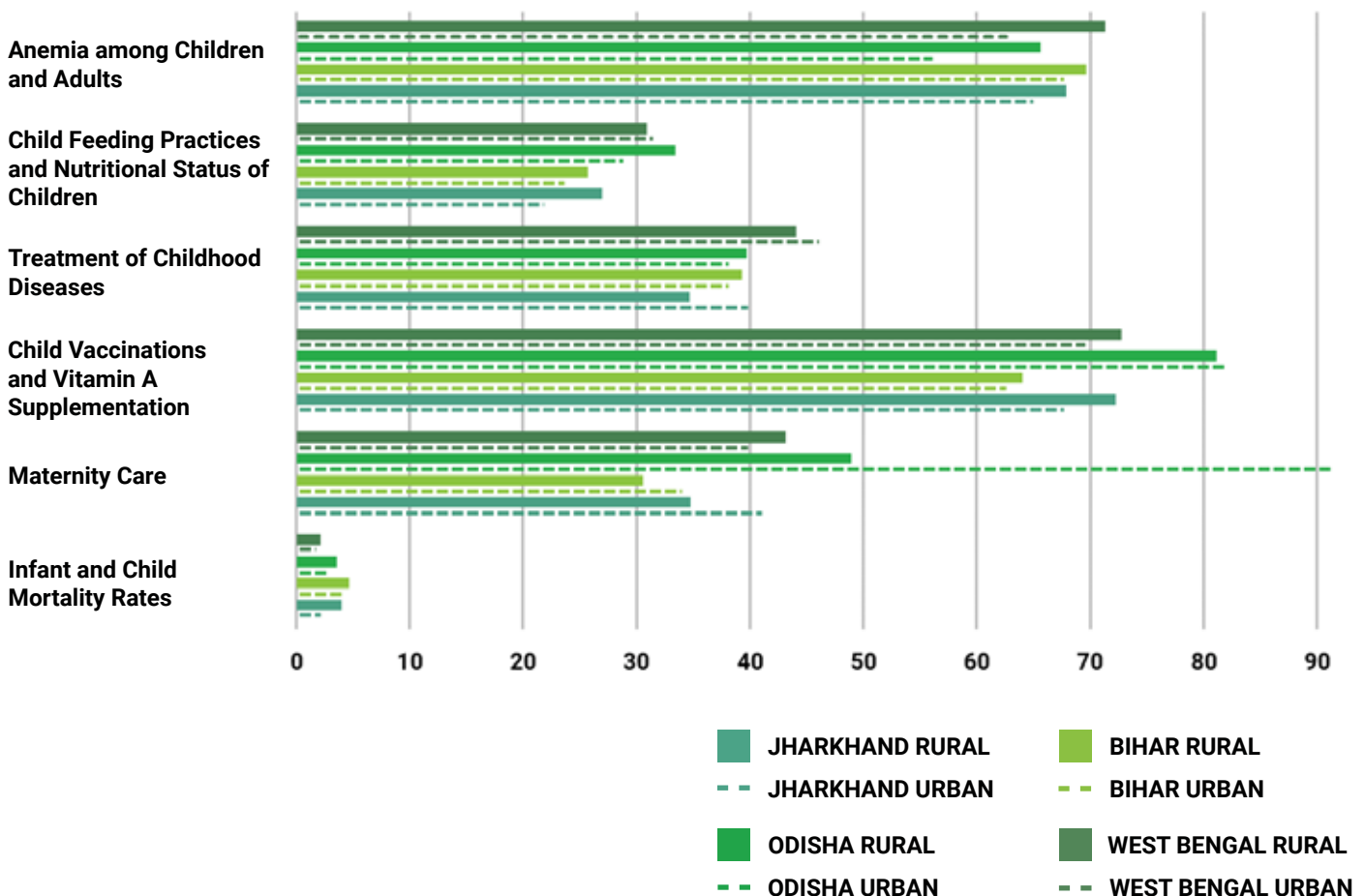
III.d. Urban Versus Rural Performance In East Zone

There is almost uniformly better state performance in the urban areas as compared to rural areas. This could be due to a myriad of reasons, primarily due to the fact that access and adoption rates are significantly higher in urban areas. There is often also a focus on urban areas by government bodies as well as philanthropic organisations owing to the concentration of population in these areas. Through this section of the report, the performance of states across themes and indicators is plotted, with a specific focus on the urban-rural divide.



CHILD HEALTH

COMPARING URBAN-RURAL PERFORMANCE ACROSS CHILD HEALTH INDICATORS



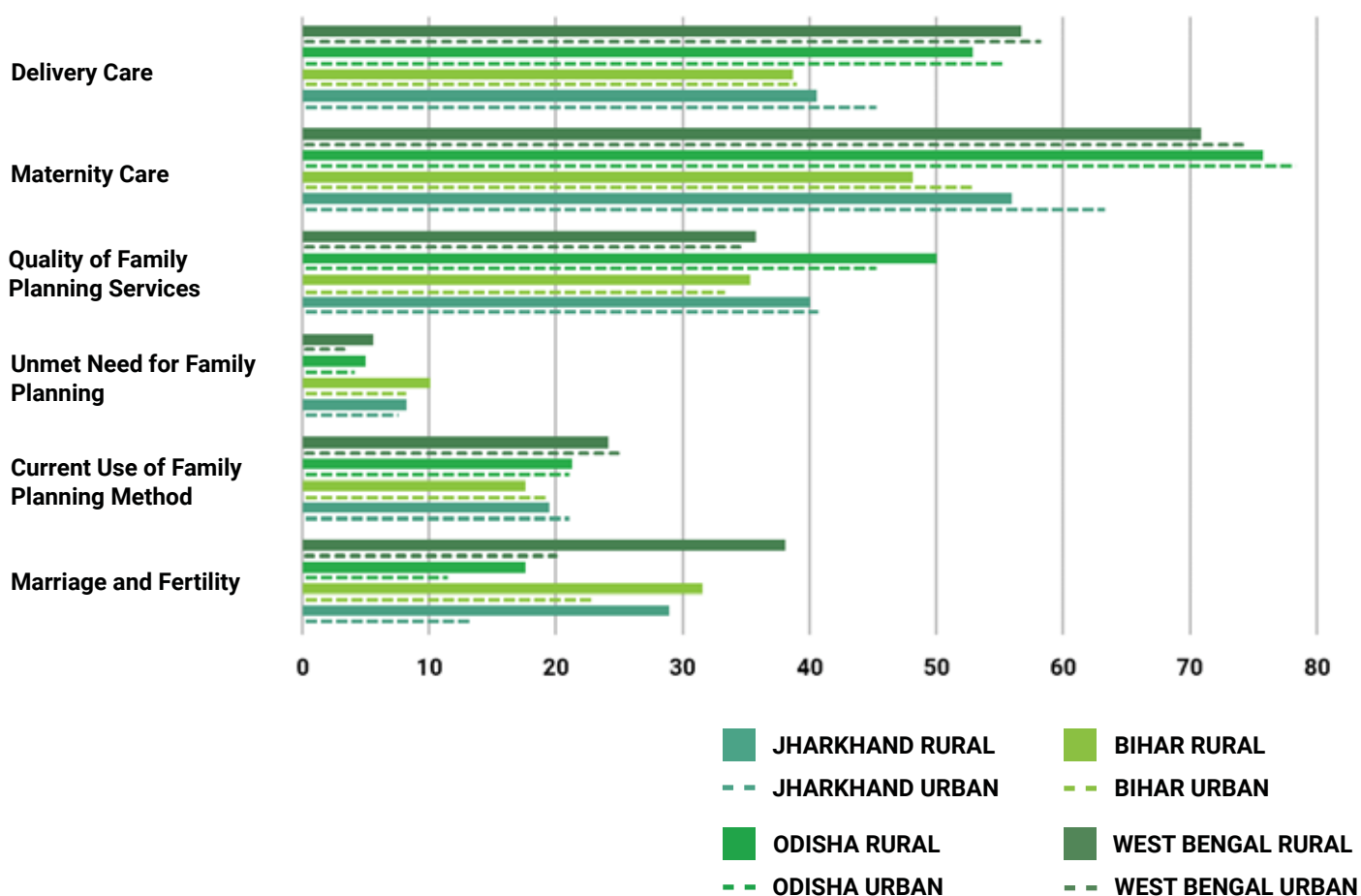
- When it comes to medical care, urban areas are almost unanimously better-performing.
- The quality of maternity care is far superior across all urban areas as compared to rural areas, with especially Odisha having record maternity care scores (91.2).
- In the Treatment of Childhood Diseases, barring Bihar and Odisha, urban areas are better-performing than rural areas. West Bengal and Odisha are often better-performing than the national average as well.
- Barring Infant and Child Mortality Rates and Anaemia among Children and Adults which are uniformly lower in urban areas as compared to rural, it can be observed that there is no consistent better performance across states in urban areas.
- Across Child Vaccinations and Vitamin A Supplementation for children, it can be observed that rural penetration is actually higher across states.
- Across Child Feeding Practices and Nutritional Status of Children, rural areas are better-performing across all states except West Bengal.



MATERNAL AND REPRODUCTIVE HEALTH

- Across indicators of Marriage and Fertility, urban scores are lower and therefore better across East zone states. Odisha is closest to the national average score with the other states diverging greatly in this indicator.
- Across the Current Use of Family Planning Methods, scores are similar to the national average with urban areas performing consistently better.
- Family planning needs are also met better in urban areas as compared to rural areas.
- The quality of family planning services is consistently lower in urban areas across eastern states; across the same indicator, Bihar and West Bengal are both recording scores lower than the national average, indicating a cause for concern.
- Across Maternity Care for Expecting Mothers, Bihar and Jharkhand both rank lower than the national average, with maternity care services being uniformly better in urban areas.
- In Delivery Care as well, urban scores rank higher than rural; a positive trend emerges in Delivery Care where Odisha and Jharkhand are both performing much better than the national average.
- The national urban-rural divide itself is rather sharp across maternal and reproductive health indicators.

COMPARING URBAN-RURAL PERFORMANCE IN MATERNAL AND REPRODUCTIVE HEALTH

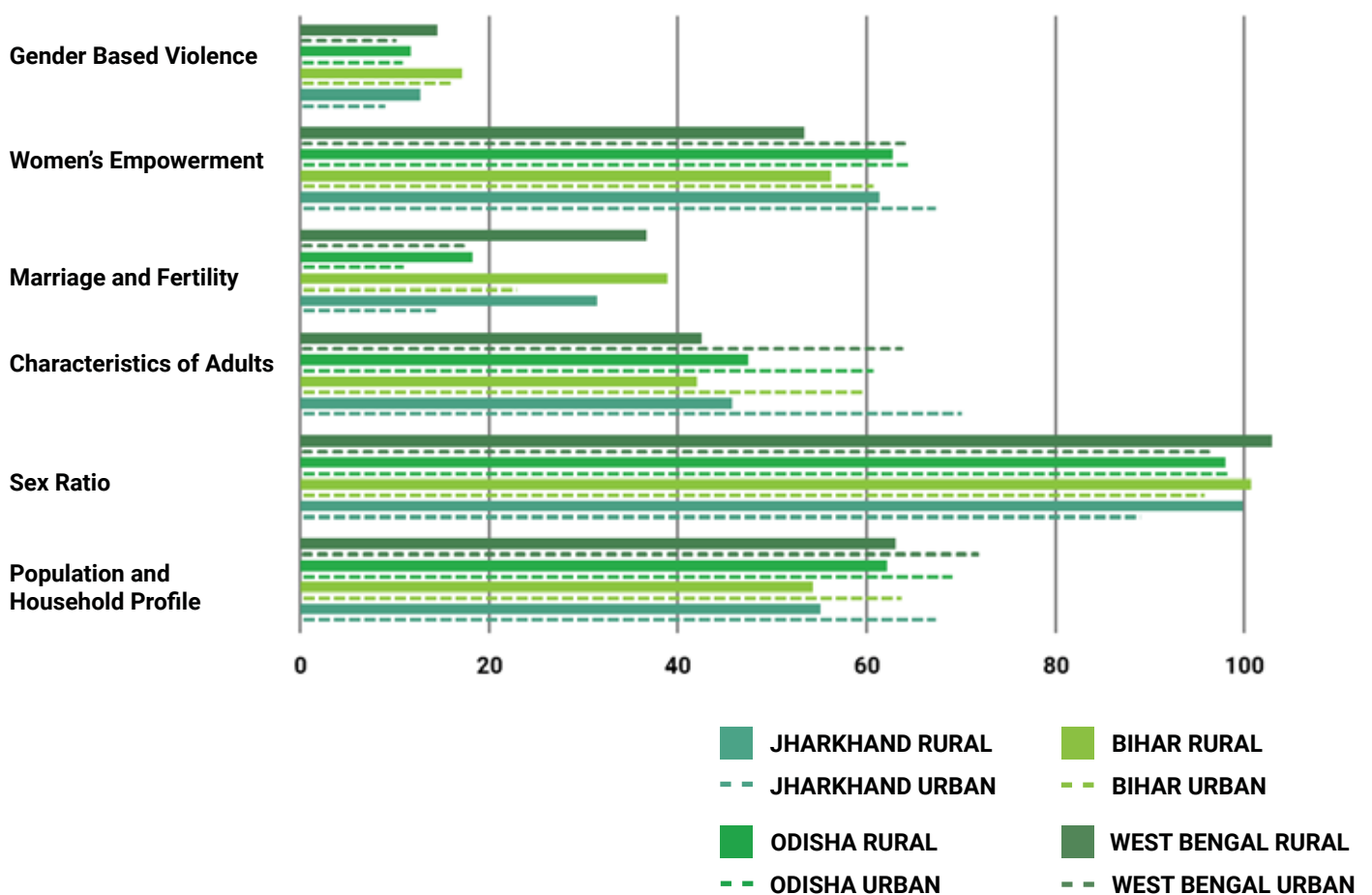


- West Bengal and Odisha are both almost at par with the national average. Bihar is the major laggard across this theme, across indicators.
- Rural Bihar and rural West Bengal display above-average performance across sex ratios, indicating a high female population in both states. It is interesting to note that across almost all states, the urban sex ratio ranks lower than the rural sex ratio.
- An urgent area for improvement emerges in Marriage and Fertility, where states are unanimously performing worse than the national average, with the rural scores being considerably poorer than urban scores in this indicator.
- Across Women’s Empowerment as well, urban scores are all significantly higher than rural scores, with Bihar,

Odisha and West Bengal all performing much lower than the national average.

- The rate of literacy, shown through the indicator Characteristics of Adults, displays average performance in the East Zone, with only urban Jharkhand performing above the national average.
- Yet another area of concern emerges in the Gender-based Violence indicators, with all states uniformly recording worse rural scores than urban scores.
- Bihar records extraordinarily high scores (much higher than the national average), with a very small difference between urban and rural scores.

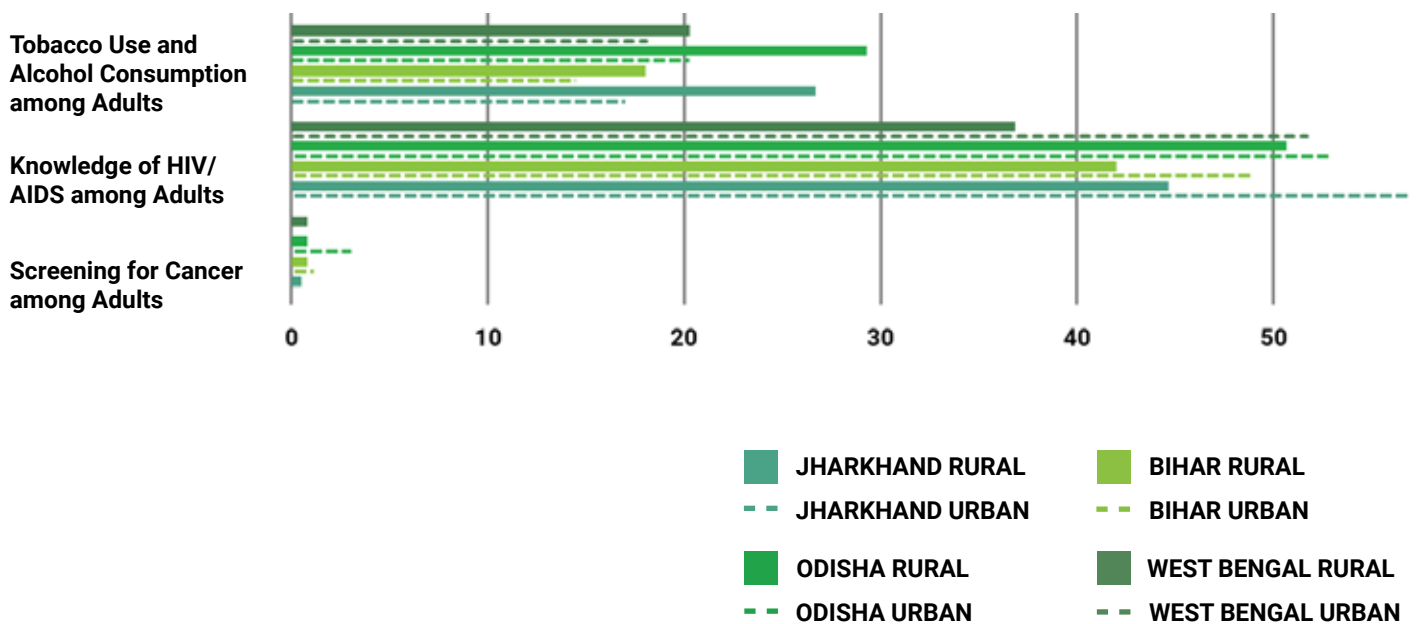
COMPARING URBAN-RURAL PERFORMANCE IN SOCIAL DETERMINANTS OF HEALTH





HEALTH BEHAVIOURS AND AWARENESS

COMPARING URBAN-RURAL PERFORMANCE IN HEALTH BEHAVIOURS AND AWARENESS

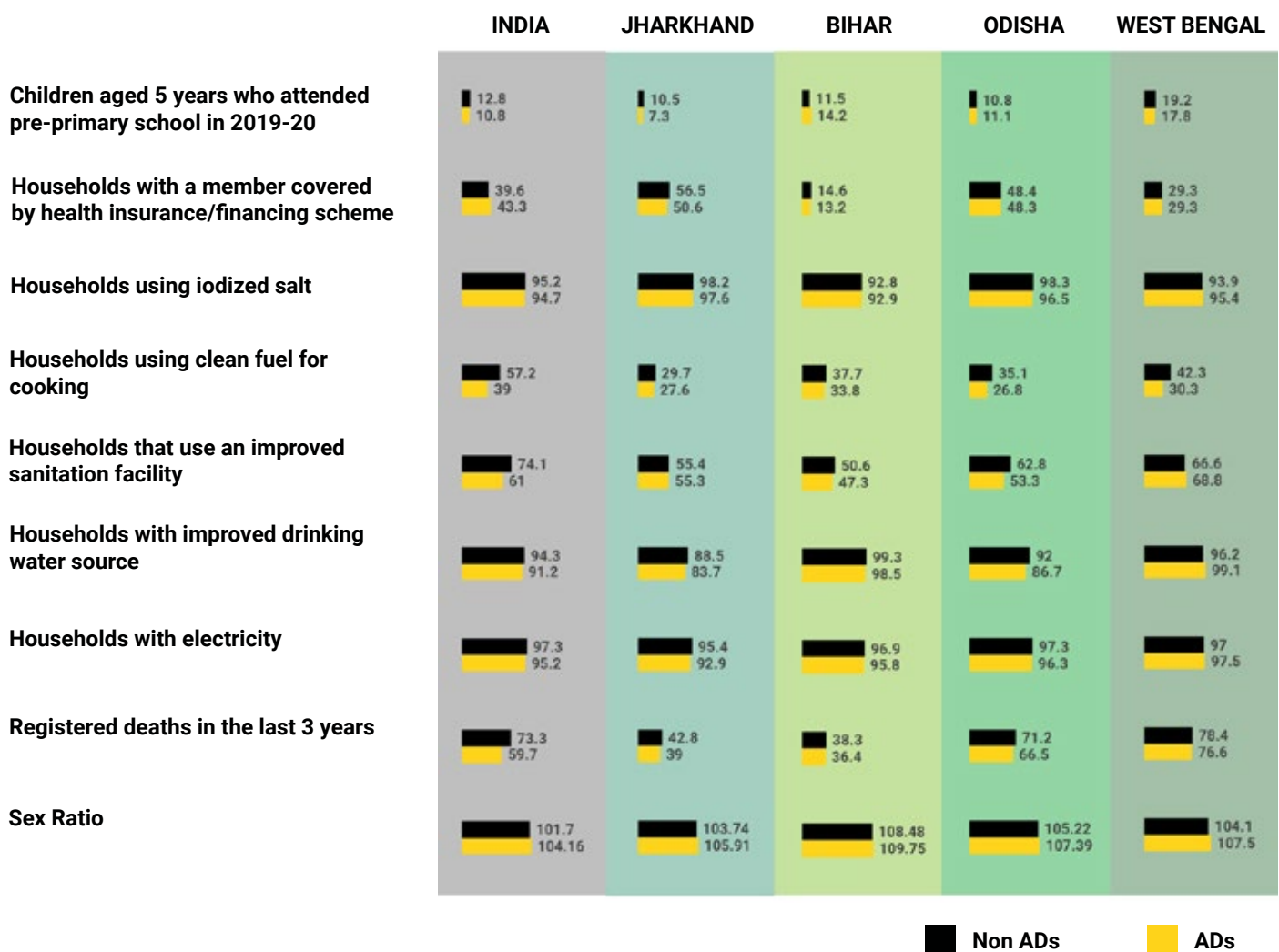


- Screening for cancer is consistently lower than the national average across all East zone states, with rural scores being significantly lower than urban scores.
- In West Bengal, screening for cancer is marginally higher in rural areas than urban.
- Jharkhand has the highest urban-rural divide, especially across Tobacco Use and Alcohol Consumption and Knowledge of HIV/AIDS.
- West Bengal also reports a stark urban-rural divide, especially in the knowledge of HIV/AIDS.
- Knowledge of HIV/AIDS is also consistently lower in rural areas as compared to urban, emerging as a high priority area, especially in rural West Bengal.
- Tobacco Use and Alcohol Consumption are almost constantly higher in all East zone states as compared to the national average, with an alarming spike in rural parts of Jharkhand and Odisha.

III.e. Comparing the Performance of AD and Non AD Districts in the East Zone

In order to compare and contrast the performance of aspirational districts (AD) with the scores of other districts (non-ADs¹) and derive insights based on NFHS-V, the averages of ADs and non-ADs have been taken at a national and state level. When the average scores of ADs in a state are compared with the average scores of non-ADs in East zone states, the overall trend is that the non-ADs are performing significantly better across indicators than the ADs, further emphasising the need for focused efforts in aspirational districts.

POPULATION AND HOUSEHOLD PROFILE



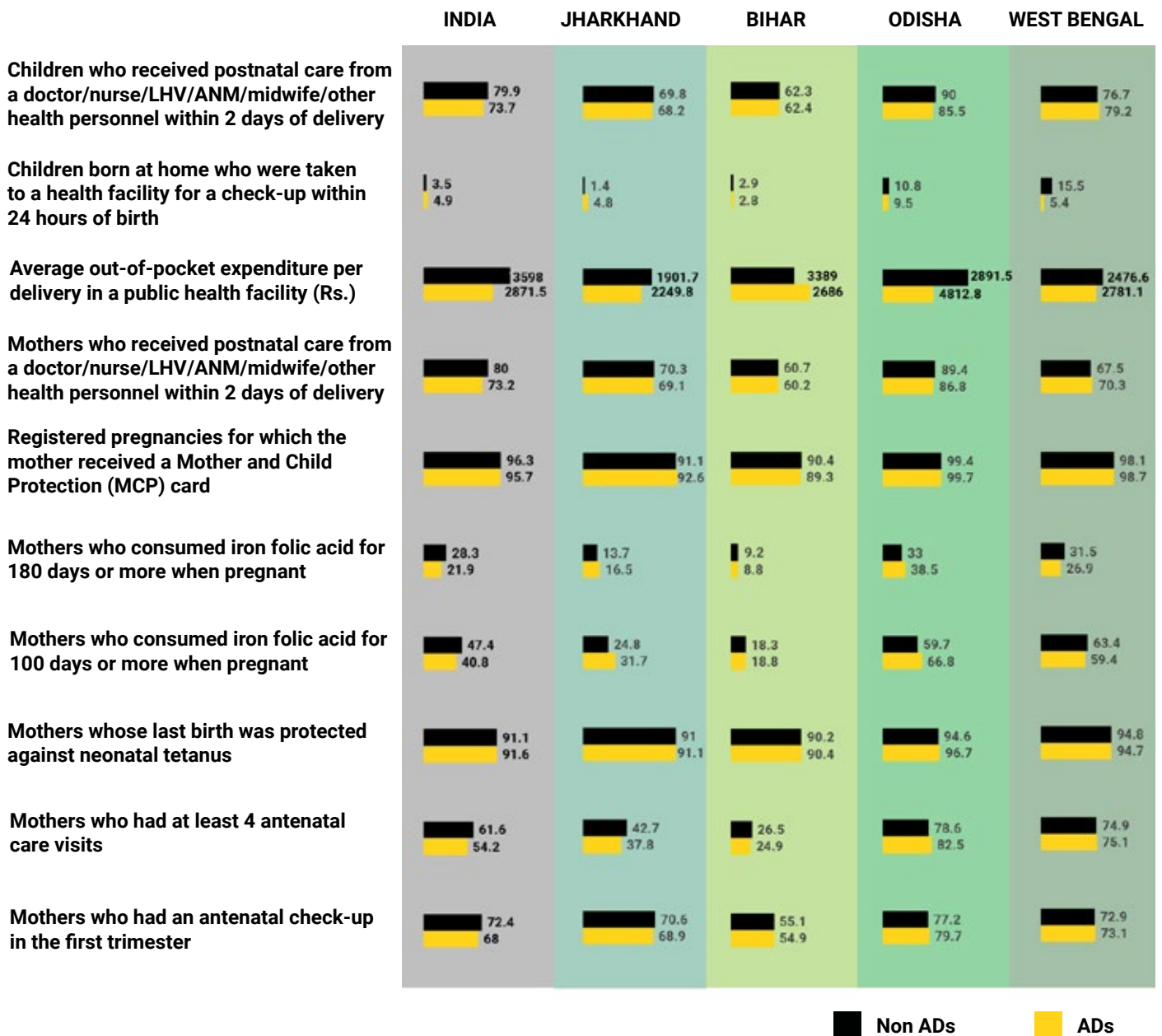
1 For ease of reference, other districts in the country, which have not been deemed aspirational districts as per NITI Aayog ranking, have been referred to as non ADs in this section.

- Across states, and across indicators, the performance observed is almost at par with the national average.
- In indicators such as Households Using Clean Fuel for Cooking, there are significantly lower scores across the states as compared to the national average.
- In Jharkhand, ADs have significantly lower insurance coverage compared to the non ADs.
- Across indicators like sex ratio and population below 15 years, it is clearly observable that non-ADs are performing better.
- The difference between AD and non-AD performance in Children aged 5 years attending Pre-Primary School is stark, especially across Jharkhand and West Bengal, where ADs are performing considerably worse. Surprisingly, ADs are performing better than non ADs in the same indicator in Bihar and Odisha.

CHARACTERISTICS OF WOMEN



- The literacy rates of women in ADs are also uniformly lower across Jharkhand, Odisha, and Bihar, when compared with the national average, the difference being more pronounced in ADs than in non ADs.
- West Bengal notably performs better than the national average across both ADs and non-ADs in the Women Literacy front.
- The literacy rate of women is almost uniformly high across all states, barring Jharkhand.
- Across East zone states, Women with 10 or more years of Schooling is an alarmingly low performing indicator, both in ADs and non-ADs when compared to the national average. Non-ADs perform better in three states compared to ADs.

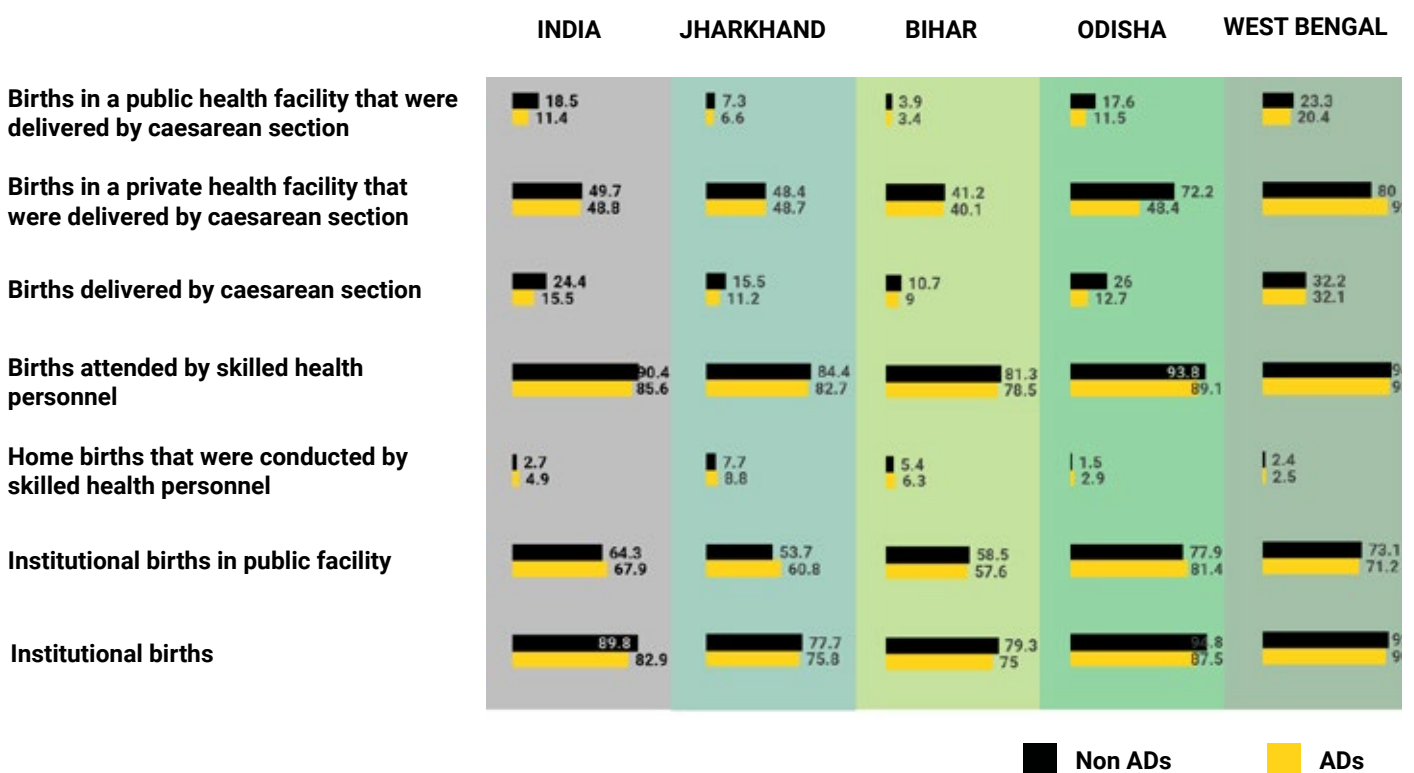
MATERNITY CARE (FOR LAST BIRTH IN THE 5 YEARS BEFORE THE SURVEY)


- The difference between ADs and non-ADs is most pronounced in the average out-of-pocket-expenditure per delivery in a public health facility, with Odisha having a difference of almost Rs.2000 between ADs and non-ADs. Surprisingly in this indicator, ADs in Bihar show greater expenditure on delivery in a public health facility.
- It is also surprising that in Jharkhand, the percentage of children taken to a health facility shortly after home birth is higher in ADs than non-ADs.
- Some indicators are almost uniformly ill-performing (such as 'Children born at home who were taken to a health facility within 24 hours of birth' or 'Mothers who consumed iron-folic acid').
- Across the East zone states, Odisha has performed exceptionally well across Maternity Care indicators,

recording some of the highest scores compared to the national average.

- West Bengal has also recorded scores across indicators which are higher than the national average.
- Bihar, followed by Jharkhand, recorded significantly lower scores across Maternity Care, especially when compared with the national average. Hence, all maternity care indicators emerge as a potential area for focused intervention in these states.

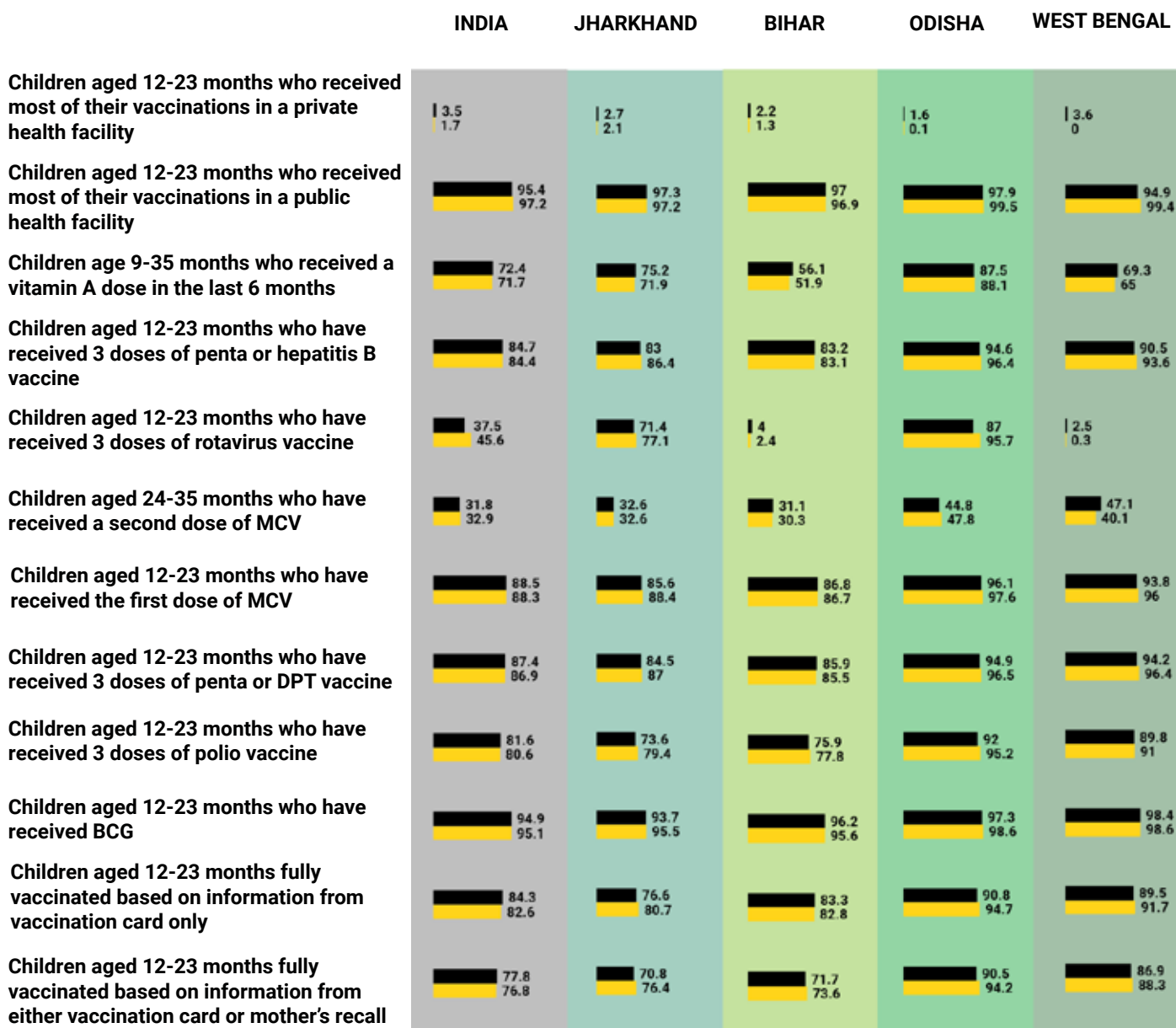
DELIVERY CARE (FOR BIRTHS IN THE 5 YEARS BEFORE THE SURVEY)



- Bihar records low scores across indicators as against the national average, especially in births delivered by C-section.
- When it comes to home births conducted by skilled health professionals, Jharkhand and Bihar both record scores higher than the national average. Correlated to the same, the percentage of institutional births in both Bihar and Odisha are lower than the national average, indicating a relatively higher occurrence of home births.
- In all indicators, AD scores are significantly lower than non-AD scores.

CHILD VACCINATIONS AND VITAMIN A SUPPLEMENTATION

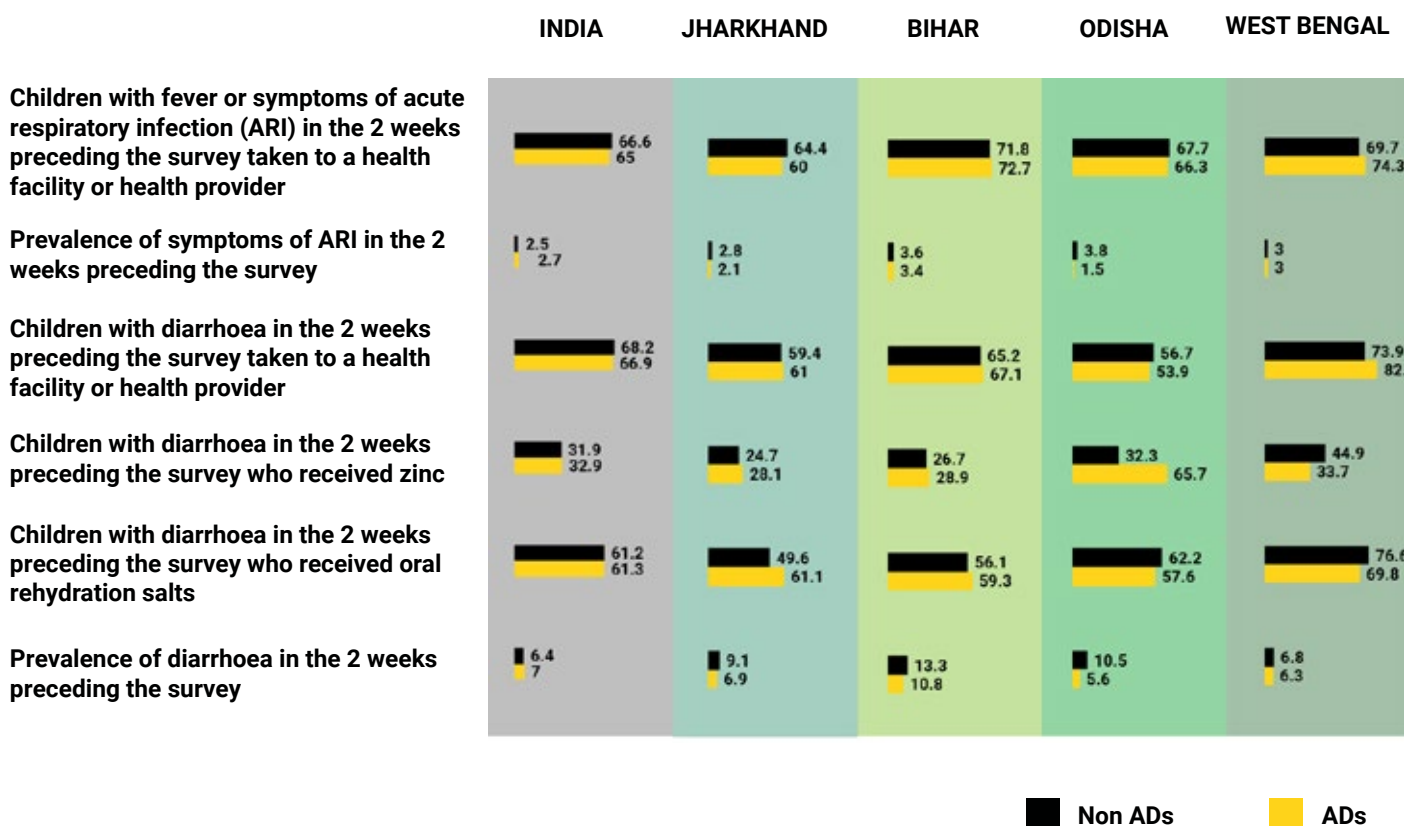
- The most striking difference is in the Children aged 12-23 months who have received 3 doses of rotavirus vaccine indicator, which is alarmingly low in Odisha and West Bengal when compared to the national average.
- Across child vaccinations, namely BCG, Polio, DPT, the vaccination rate in ADs is almost consistently higher across states as compared to non-ADs.
- The issue arises when it comes to subsequent doses of vaccines. For example, the first dose of the MCV is successfully administered to children in ADs, however, when it comes to the second dose, the rate of follow-through is often rather low, especially in states like West Bengal and Bihar.



■ Non ADs ■ ADs

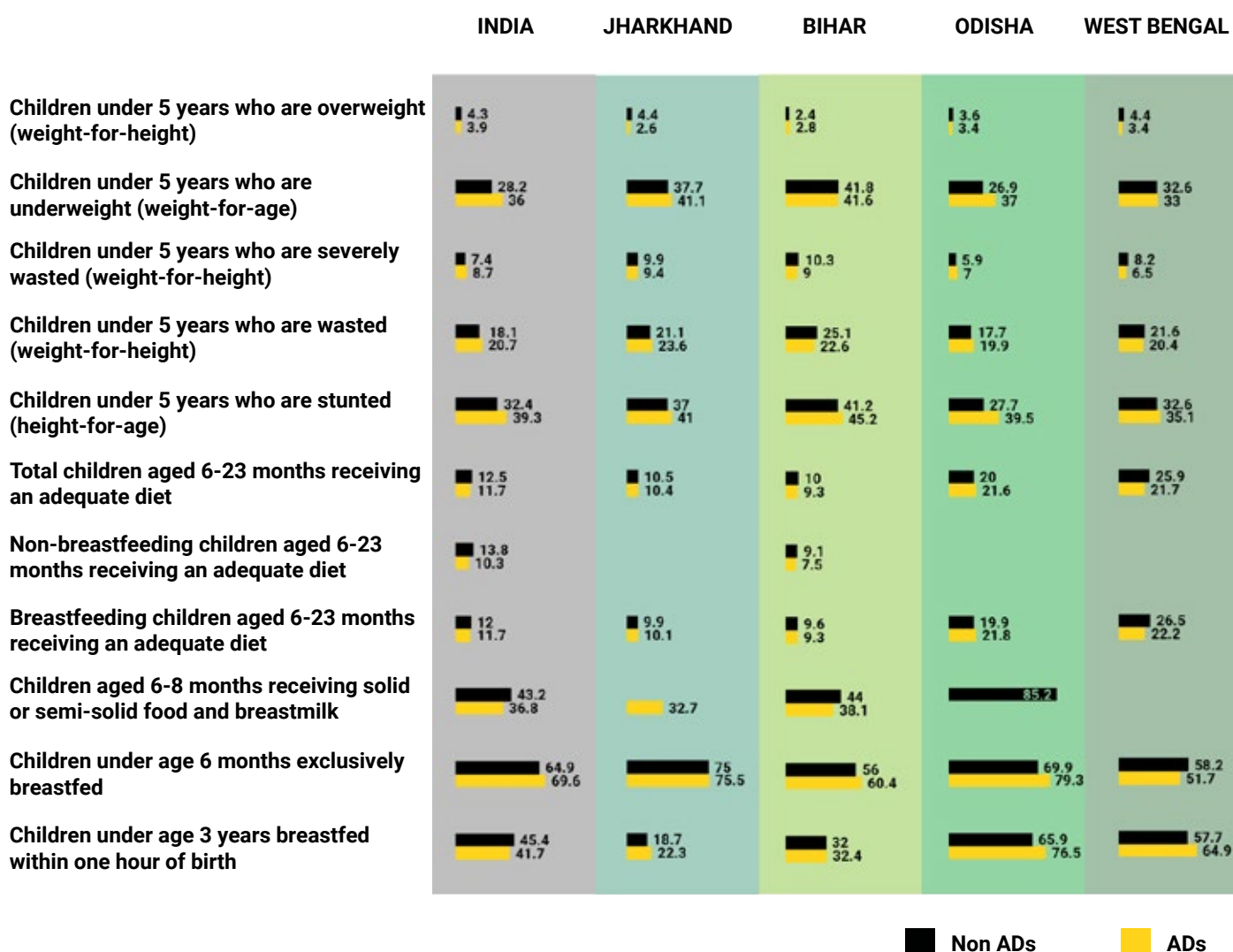
TREATMENT OF CHILDHOOD DISEASES (CHILDREN UNDER AGE OF 5 YEARS)

- It is interesting to note that Bihar’s ADs are performing better than non-ADs in all the indicators under this theme, going against the trend.
- The difference between AD and non-AD scores in West Bengal for children with diarrhoea taken to a health facility/service provider is almost a 10-point difference, with significantly better performance in ADs than non-ADs.
- Alarmingly, the prevalence of symptoms of acute respiratory illness is higher than the national average in West Bengal and Bihar, with ADs performing on par or worse than non-ADs.
- In the same indicator, the non-ADs in Odisha are performing very poorly, recording the worst performance in the entire indicator.
- Prevalence of diarrhoea is also surprisingly higher in non-ADs than in ADs across all the states and even higher than the national average itself.
- Children with diarrhoea receiving medicines, be it zinc or ORS, are more in ADs than in non-ADs across all the states.



CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS OF CHILDREN

- Here again, in Child Feeding Practices and Nutritional Status of Children, being a subset of Maternity Care, it can be observed that Odisha and West Bengal both outperform the national average across indicators.
- Malnutrition emerges as a severe problem across the East zone states, with all the states scoring worse scores than the national average in the indicator on underweight children; here as well, ADs have worse scores than non-ADs.
- In Odisha and West Bengal surprisingly, the breastfeeding of children is higher in ADs than in non-ADs.

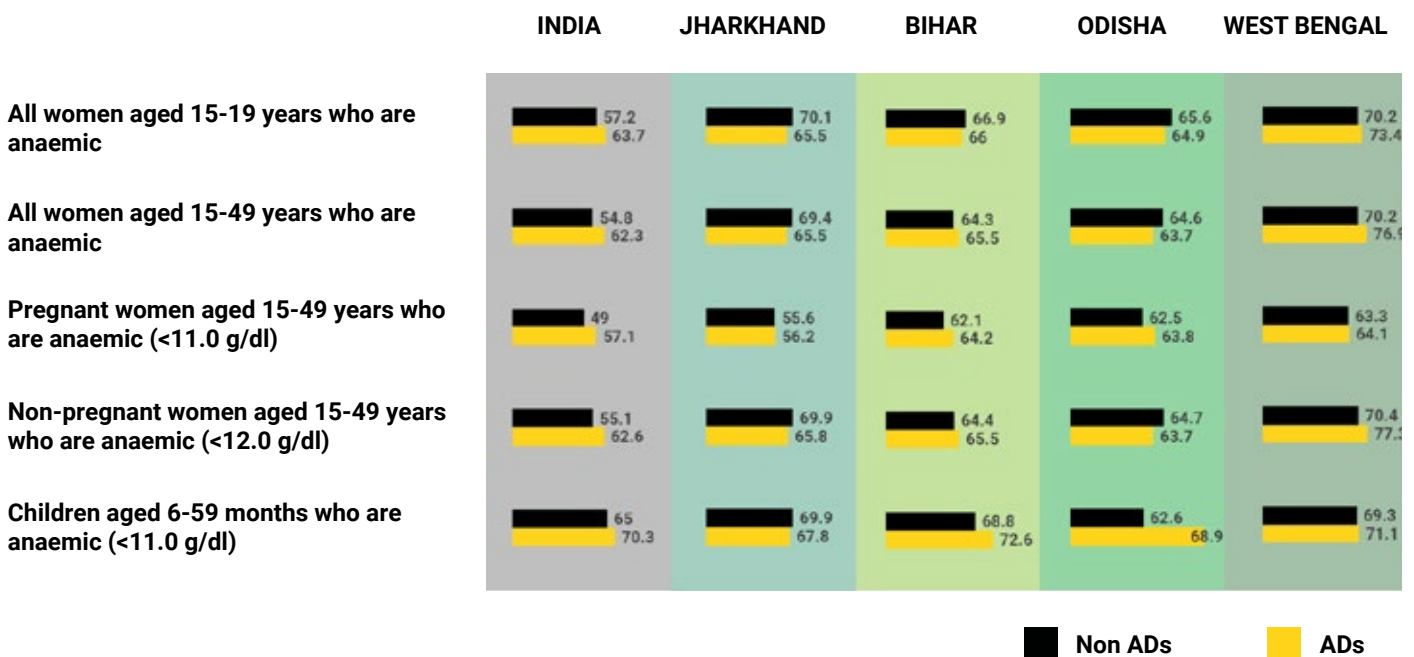


NUTRITIONAL STATUS OF WOMEN (AGED 15-49 YEARS)



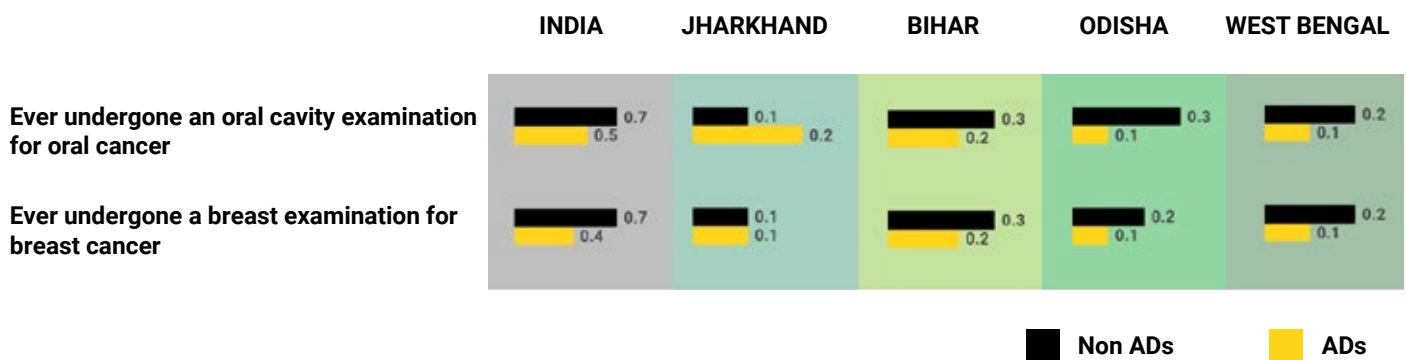
- Jharkhand, Odisha and Bihar record higher scores than the national average in below-normal BMI for women, with Odisha and Bihar recording much higher scores in ADs than non ADs.
- Obesity in women is higher in non ADs than ADs, across states and the national average.

ANAEMIA AMONG CHILDREN AND WOMEN



- Younger women, aged 15-19, record higher incidences of anaemia, and children, aged 6-59 months, record the highest incidence of anaemia across groups, with ADs recording consistently higher scores across the latter.
- ADs, however are surprisingly almost on par with the non-AD average, and in some cases even better (eg. Jharkhand), going against the existing trend of poor-performing ADs.
- The inadequacy in the provision of iron supplements emerges rather clearly across eastern states, especially with West Bengal recording fairly high incidences of anaemia among children and women.
- Amongst pregnant women who are anaemic, ADs have a markedly higher recording of anaemia than non-ADs, across all the states.

SCREENING FOR CANCER AMONG WOMEN



- As expected, screening for cancer is low, and even remarkably lower in ADs where cancer awareness itself is low. Bihar is performing marginally better than the other East zone states on this front, but there is still a long way to go in order to improve the overall performance of East zone states in cancer screening.
- All states are performing significantly worse than the national average across these indicators, which in itself is already a very low score.

III.f. Next Steps

This knowledge piece, combined with the two dashboards created in tandem with the same, proves to be a useful tool for those in the sector. The [NFHS Aspirational District dashboard](#), as well as the [Mission Antyodaya: Data Dashboard](#), may be analysed to arrive at more localised insights. The boundary conditions created for the datasets in this report as well as the dashboard may also be of use to those researching in this sector.

The Bharat initiative will go forward to host forums, round table discussions, capacity-building workshops for NGOs and on-ground implementation projects through the information consolidated in this report. These forums will unite the diverse stakeholders working in Aspirational Districts to collectively work towards the common goal: to focus on the human development indicators in the backward districts of India.



IV.

ANNEXURE

IV.a. Methodology

To arrive at insights for the eastern zone, and the constituent states: Jharkhand, Bihar, Odisha, and West Bengal, raw data from the National Family and Health Survey (NFHS-V) 2020, National Family and Health Survey (NFHS-IV) 2016 and Mission Antyodaya data were selected.



Methodology for NFHS Data

The indicators for the analysis have been selected from the fifth round of the National Family and Health Survey (NFHS-V) 2020. At the state level, 131 sub-indicators, and at the district level, 104 indicators are provided by the NFHS-V, which are further classified into 24 key indicators. These 24 key indicators are finally categorised into five key themes for this report:

1. Child Health
2. Maternal & Reproductive Health
3. Social Determinants of Health
4. Health Behaviours & Awareness
5. General Health

For this analysis, General Health has been excluded from this report.

Detailed classification of themes and indicators

<p>CHILD HEALTH</p> 	<ul style="list-style-type: none"> • Infant and Child Mortality Rates (per 1,000 live births) • Maternity Care (for last birth in the 5 years before the survey) • Child Vaccinations and Vitamin A Supplementation • Treatment of Childhood Diseases (children under age 5 years) • Child Feeding Practices and Nutritional Status of Children • Anaemia among Children and Adults
<p>MATERNAL AND REPRODUCTIVE HEALTH</p> 	<ul style="list-style-type: none"> • Marriage and Fertility • Current Use of Family Planning Methods (currently married women age 15–49 years) • Unmet Need for Family Planning (currently married women aged 15–49 years) • Quality of Family Planning Services • Maternity Care (for last birth in the 5 years before the survey) • Delivery Care (for births in the 5 years before the survey)

SOCIAL DETERMINANTS OF HEALTH



- Population and Household Profile
- Sex Ratio
- Characteristics of Adults (age 15-49 years)
- Marriage and Fertility
- Women's Empowerment (women aged 15-49 years)
- Gender Based Violence (age 18-49 years)

HEALTH BEHAVIOURS AND AWARENESS



- Screening for Cancer among Adults (age 30-49 years) - Men
- Knowledge of HIV/AIDS among Adults (age 15-49 years)
- Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)

For the overall score of an indicator, the sub-indicators falling under said category have been clubbed and the law of averages has been used as the score for the sub-indicators, and similarly average of all indicators, for the theme level scale. While this may not be exactly accurate taking into account the liberty of averages, it is a close representation of the reality of themes and focus areas.

Zonal Overview:

The average of all sub-indicators under NFHS-V for state score is taken as a base to come out with indicator-level scores from National, Zonal, and State Score.

- The zonal profile analysis is conducted using the NFHS-V 2020 data.
- This analysis highlights insights at national, zonal, and state levels across clubbed themes from NFHS.
- All analysis is done at a percentage level and averages at a theme level for all indicators and sub-indicators.

State-wise Overview:

The averages of NFHS-V and IV sub-indicators are taken to showcase indicator level performance across 5 major themes.

- The analysis is conducted using data from NFHS-V and NFHS-IV.
- This analysis highlights insights at a state level across clubbed themes from NFHS-V and compares it with NFHS-IV.

- All analysis is done at a percentage level taking average at an indicator level.

State-level Urban vs Rural divide:

Using NFHS-V state scores and indicator averages to display the Urban and Rural divide.

- The analysis is conducted using NFHS-V data.
- This analysis highlights insights at the theme level across all eastern states, further gaining deeper insights via the urban and rural divide.
- All analysis is done at a percentage level.

State-wise AD and non AD performance:

This involves sub-indicator average comparison for National, State ADs and Non-ADs score.

- The analysis is conducted using the NFHS-V data.
- Through this analysis, AD and non AD performances are benchmarked.
- All analysis is done at a percentage level.






Using the national average of indicators (as divided under the five themes) as the baseline scores, inferences are made on the areas of intervention and implementation in the states and then districts. National averages are calculated using the sum average of state scores. State scores are provided in NFHS data itself. Though most of the indicators are in percentages, a few indicator values have been standardised to percentage units to ensure standardisation in comparison.

Specific data points on the aggregate performance of aspirational districts as against the other districts in a state have also been compared and contrasted to understand the differences between ADs as compared to other districts in the same state. To procure a national district average score for ADs and non ADs, the average score for all aspirational districts in India is taken as the AD score and the average score for the remaining districts is taken as the non AD score. A similar approach is adopted for each state (namely Jharkhand, Bihar, Odisha and West Bengal). The East zone score is an average of all the ADs and non ADs in the select East states alone.

Methodology for Mission Antyodaya Data

Mission Antyodaya's (2020) data collection covered 99% Gram Panchayats (GPs) across 26 themes all over the country. These 26 broad sector-wise indicators have been clubbed into 6 main themes for our analysis in the following manner:

Each indicator is given a score according to the Mission Antyodaya database. This data is used to generate state and district (AD and non AD) level insights across 6 thematic areas and is further mapped against national average scores. The fifth section of the report utilises Mission Antyodaya data as mentioned below.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">AGRICULTURE</p>  <p>Cumulative max theme score 16</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Max. Score</th> </tr> </thead> <tbody> <tr> <td>Agriculture</td> <td style="text-align: right;">7</td> </tr> <tr> <td>Land Improvement and Minor Irrigation</td> <td style="text-align: right;">9</td> </tr> </tbody> </table>		Max. Score	Agriculture	7	Land Improvement and Minor Irrigation	9						
	Max. Score												
Agriculture	7												
Land Improvement and Minor Irrigation	9												
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EDUCATION</p>  <p>Cumulative max theme score 9</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Max. Score</th> </tr> </thead> <tbody> <tr> <td>Vocational Education</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Adult & Non-Formal Education</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Education</td> <td style="text-align: right;">6</td> </tr> </tbody> </table>		Max. Score	Vocational Education	2	Adult & Non-Formal Education	1	Education	6				
	Max. Score												
Vocational Education	2												
Adult & Non-Formal Education	1												
Education	6												
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">LIVELIHOOD</p>  <p>Cumulative max theme score 13</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Max. Score</th> </tr> </thead> <tbody> <tr> <td>Animal Husbandry</td> <td style="text-align: right;">6</td> </tr> <tr> <td>Fisheries</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Khadi, Village and Cottage Industries</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Small Scale Industries</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Social Forestry</td> <td style="text-align: right;">1</td> </tr> </tbody> </table>		Max. Score	Animal Husbandry	6	Fisheries	2	Khadi, Village and Cottage Industries	3	Small Scale Industries	1	Social Forestry	1
	Max. Score												
Animal Husbandry	6												
Fisheries	2												
Khadi, Village and Cottage Industries	3												
Small Scale Industries	1												
Social Forestry	1												
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">HEALTH & SANITATION</p>  <p>Cumulative max theme score 22</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Max. Score</th> </tr> </thead> <tbody> <tr> <td>Health And Sanitation</td> <td style="text-align: right;">11</td> </tr> <tr> <td>Women And Child Development</td> <td style="text-align: right;">7</td> </tr> <tr> <td>Family Welfare</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Drinking Water</td> <td style="text-align: right;">3</td> </tr> </tbody> </table>		Max. Score	Health And Sanitation	11	Women And Child Development	7	Family Welfare	1	Drinking Water	3		
	Max. Score												
Health And Sanitation	11												
Women And Child Development	7												
Family Welfare	1												
Drinking Water	3												
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SCHEMES AND ENTITLEMENTS</p>  <p>Cumulative max theme score 8</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Max. Score</th> </tr> </thead> <tbody> <tr> <td>Poverty Alleviation Programme</td> <td style="text-align: right;">6</td> </tr> <tr> <td>Public Distribution System</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Max. Score	Poverty Alleviation Programme	6	Public Distribution System	2						
	Max. Score												
Poverty Alleviation Programme	6												
Public Distribution System	2												

INFRASTRUCTURE		Cumulative max theme score	
		32	
	Roads		Max. Score 8
	Maintenance Of Community Assets		1
	Financial And Communication Infrastructure		9
	Libraries		1
	Non - Conventional Energy		1
	Markets And Fairs		3
	Cultural Activities		1
	Fuel And Fodder		1
	Rural Housing		4
	Rural Electrification		3

National and state scores:

- The national scores as well as scores for each state are given by the Mission Antyodaya dataset.
- The total score is calculated by adding the scores across all sub-indicators.

Weighted scores across themes: National, state, AD and non-AD

- Each sub-indicator is allocated a maximum score out of a total score of 100.
- These indicators are further clubbed into 6 themes.
- National scores are explicitly mentioned.
- For each of the themes, by using the weighted sum concept, the national score is arrived at by adding the weighted scores of individual sub-indicators.

Example for arriving at national weighted scores:

- Agriculture and Land Improvement & Minor Irrigation have a maximum score of 7 and 9 respectively (out of 100).
- Both these indicators are further clubbed under the 'Agriculture' theme, with a cumulative max theme score of 16 (sum of 7 and 9).
- The mentioned national scores for the indicators are 1.3 and 2.7 respectively.
- The national weighted score for the agriculture theme is the sum of the sub indicators- Agriculture (A) and Land Improvement & Minor Irrigation (B).

A: National weighted score for the Agriculture sub-indicator is the weight of the allocated score (7) over the aggregated sum score of the Agriculture theme (16), further multiplied by the national score for this sub indicator (1.3).

B: National weighted score for the Land Improvement & Minor Irrigation sub-indicator is the weight of the allocated score (9) over the aggregated sum score of the Agriculture theme (16), further multiplied by the national score for this sub indicator (2.7).

Further:

To obtain state and district-level (AD & non-AD) weighted scores across the 6 themes, the same approach of the sum of weighted scores across all 26 sub-indicators for each of the 6 themes is used. Cumulative AD & non-AD scores for each of the 6 themes is calculated by adding up the individual weighted scores across all sub-indicators.

IV.b. Sources And Contributors

Sources for Secondary Research

- [Ministry of Health and Family Welfare \(MoHFW\)](#)
- [Ministry of Corporate Affairs \(MCA\)](#)
- [Ministry of Mines](#)
- [Mission Antyodaya 2020](#)
- [India Data Insights](#)

Research and writing:

Poorna Meenakshi Srinivasan, Atul Kotnala, Nimisha Dutta

Data Dashboards:

Manmath Agarwal

Editors:

Angha Wankhede, Veda Kulkarni, Vrunda Bansode

Design and cover:

Urmila Reghunath

Photos:

Page 3: [“Beautiful Jharkhand”](#) by Wasim Raja (CC BY 2.0)

Page 5: [“Tea Plantation, Darjeeling”](#) by Hans Harms (via Canva)

Page 11: [“Howrah Bridge”](#) by AROYBARMAN (via Canva)

Page 59: [“Orissa, India”](#) by Achilli Family | Journeys (CC BY 2.0)

Pages 65, 66: [“Darjeeling”](#) by Av Darkone/Mjanich (CC BY-SA 3.0 NO)

Page 67: [“Women harvesting tea, West Bengal”](#) by Bernard Gagnon (CC BY-SA 4.0)

We would like to thank the following for their contribution to and support during the preparation of this report:

- Srikrishna Sridhar Murthy
- Meenakshi Iyer
- Sansidha Pani



IV.c. About Sattva

We are an organisation driven by the mission to end poverty in our lifetime. Our work focuses on scalable solutions for sustainable social impact. We work with our clients - corporations, philanthropists, foundations and social organisations - to achieve social impact goals effectively and maximise the social return on their investment.

Our newest initiative to drive impact is the Bharat model, where we are looking to build a systematic framework for change in aspirational districts through advisory, knowledge and on-ground implementation. The idea to take a geography-specific, regional approach to impact in order to build block-district-state level expertise in working in difficult to approach terrains and territories in India. By leveraging our deep understanding across sectors and collaboration with multiple stakeholders, the Bharat initiative will be propelled by Sattva to solve some of our country's most critical societal problems.

We offer end-to-end support covering:

Research

Strategy consulting

Implementation support

Programme design and management

Monitoring and Evaluation

Impact assessment

Social audit

Talent solutions

Organisation development programmes

Data and technology products and more as needed in our quest for better solutions.



Sattva Consulting
#294/295, 2nd Floor,
Amar Jyothi Layout, Domlur,
Bangalore – 560071